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| Fill in this information to identify your case: | | |
|---|-------------------------------|---------------------|
| United States Bankruptcy Court for the: | | |
| Northern District of: Illinois (State) | | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | Chapter 11 | |
| | Chapter 12 | Check if this is an |
| | ✓ Chapter 13 | amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: Identify Yourself | | |
|---|---------------------------------------|---|
| | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. Your full name | Kearia | |
| Write the name that is on | First name | First name |
| your government-issued | D | No. 10 |
| picture identification (for | Middle name | Middle name |
| example, your driver's license or passport | Crumb | |
| licerise of passport | Last name | Last name |
| Bring your picture identification to your meeting with the trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) |
| 2. All other names you | | |
| have used in the last | First name | First name |
| 8 years | | |
| I al al al a a a a a a a a a a a a a a a | Middle name | Middle name |
| Include your married or maiden names. | | |
| | Last name | Last name |
| | | |
| | First name | First name |
| | N.C. L.D. | No. 10 |
| | Middle name | Middle name |
| | Last name | Last name |
| 3. Only the last 4 digits of your Social | XXX - XX- 0993 | xxx - xx- |
| Security number or federal Individual | OR | OR |
| Taxpayer | 9 xx - xx- | 9 xx - xx- |
| Identification number | · · · · · · · · · · · · · · · · · · · | |

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| Debtor 1 Kearia First Name | D Middle Name | Crumb Last Name | Case number (if known) | _ |
|--|--|--|--|---|
| | About Debtor 1: | | About Debtor 2 (Spouse Only in a Joint Case): | |
| 4. Any business names and Employer | I have not used any b | ousiness names or EINs. | I have not used any business names or EINs. | |
| Identification Numbers (EIN) you have used in the last | Business name | | Business name | |
| 8 years Include trade names and | Business name | | Business name | |
| doing business as names | EIN | | EIN | _ |
| | EIN | | EIN | _ |
| 5. Where you live | | | If Debtor 2 lives at a different address: | |
| | 1522 S Hamlin Ave # 2 Number Street | | Number Street | _ |
| | Chicago Illinois | 60623 | | _ |
| | City State | Zip Code | City State Zip Code | _ |
| | Cook County | | County | _ |
| | If your mailing address | is different from the one te that the court will send any ng address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | |
| | Number Street | | Number Street | _ |
| | | | | _ |
| | City St | ate Zip Code | City State Zip Code | _ |
| Why you are choosing this district | Check one: | | Check one: | |
| to file for bankruptcy | Over the last 180 day lived in this district lor | s before filing this petition, I have nger than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | |
| | I have another reason | . Explain. (See 28 U.S.C. §§ 1408.) | I have another reason. Explain. (See 28 U.S.C. §§ 1408. |) |
| | | | _ | _ |
| | | | _ | _ |
| | | | | |
| | | | | _ |
| | | | | _ |

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| De | ebtor 1 Kearia | D Middle Name | Crumb | | Case number (if kno | wn) | | |
|-----|---|---|--|---------------------|---|---|-----------------------|--|
| | First Name | Middle Name | | • | | | | |
| Pa | rt 2: Tell the Court Abo | ut Your Bankrupt | cy Case | | | | | |
| 7. | The chapter of the Bankruptcy Code you are choosing to file under | | brief description of eac B2010)). Also, go to the | | | | ndividuals Filing for | |
| 8. | How you will pay the fee | ✓ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. ☐ I need to pay the fee in installments. If you choose this option, sign and attach the <i>Application for Individuals to Pay Your Filing Fee in Installments</i> (Official Form 103A). ☐ I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the <i>Application to Have the Chapter 7 Filing Fee Waived</i> (Official Form 103B) and file it with your petition. | | | | | | |
| 9. | Have you filed for bankruptcy within the last 8 years? | No. Yes. District District District | Northern District of Illino | ois When When When | 9/29/2015 MM / DD / YYYY MM / DD / YYYY | Case number Case number Case number | 15-bk-33197 | |
| 10. | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | Ves. Debtor District Debtor District Destrict D | | When When | MM / DD / YYYY | Relationship to Case number, Relationship to Case number, | you | |
| 11. | Do you rent your residence? | ✓ No. | 12. landlord obtained an e Go to line 12. Fill out <i>Initial Statement</i> this bankruptcy petition | t About an Eviction | | st You (Form 10 | 1A) and file it with | |

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Crumb Debtor 1 Kearia Case number (if known) First Name Middle Name Last Name Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole No. Go to Part 4. proprietor of any fullor part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set Chapter 11 of the appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance Bankruptcy Code and sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). are vou a small business debtor? I am not filing under Chapter 11. For a definition of small business debtor, No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the see 11 U.S.C. § Bankruptcy Code. 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have Ⅵ No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Street Number that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

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Debtor 1 Kearia D Crumb Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have ✓ I received a briefing from an approved credit I received a briefing from an approved credit received briefing counseling agency within the 180 days before I counseling agency within the 180 days before I about credit filed this bankruptcy petition, and I received a filed this bankruptcy petition, and I received a counseling. certificate of completion. certificate of completion. Attach a copy of the certificate and the payment plan, Attach a copy of the certificate and the payment plan, The law requires that if any, that you developed with the agency. if any, that you developed with the agency. you receive a briefing about credit I received a briefing from an approved credit I received a briefing from an approved credit counseling before you counseling agency within the 180 days before I counseling agency within the 180 days before I file for bankruptcy. filed this bankruptcy petition, but I do not have a filed this bankruptcy petition, but I do not have a certificate of completion. certificate of completion. You must truthfully check one of the Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, following choices. If you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment you cannot do so, you plan, if any. plan, if any. are not eligible to file. I certify that I asked for credit counseling services ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to from an approved agency, but was unable to If you file anyway, the obtain those services during the 7 days after I obtain those services during the 7 days after I court can dismiss your made my request, and exigent circumstances made my request, and exigent circumstances case, you will lose merit a 30-day temporary waiver of the merit a 30-day temporary waiver of the whatever filing fee you requirement. requirement. paid, and your creditors can begin To ask for a 30-day temporary waiver of the To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what requirement, attach a separate sheet explaining what collection activities efforts you made to obtain the briefing, why you were efforts you made to obtain the briefing, why you were again. unable to obtain it before you filed for bankruptcy, and unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this what exigent circumstances required you to file this Your case may be dismissed if the court is dissatisfied Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before with your reasons for not receiving a briefing before you filed for bankruptcy. you filed for bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: I have a mental illness or a mental I have a mental illness or a mental Incapacity. Incapacity. deficiency that makes me deficiency that makes me incapable of realizing or making incapable of realizing or making rational decisions about finances. rational decisions about finances. Disability. My physical disability causes me to Disability. My physical disability causes me to be unable to participate in a be unable to participate in a briefing in person, by phone, or briefing in person, by phone, or through the internet, even after I through the internet, even after I reasonably tried to do so. reasonably tried to do so. Active duty. I am currently on active military Active duty. I am currently on active military duty in a military combat zone. duty in a military combat zone. If you believe you are not required to receive a briefing If you believe you are not required to receive a briefing about credit counseling, you must file a motion for about credit counseling, you must file a motion for waiver of credit counseling with the court. waiver of credit counseling with the court.

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| Debtor 1 Kearia First Name | D Middle Name | Crumb Last Name | Case number (if known) | | | | |
|---|--|---|---|--|--|--|--|
| | estions for Reporting Purpo | | | | | | |
| 16. What kind of debts do you have? | 16a. Are your debts prima "incurred by an individ No. Go to line 16b ✓ Yes. Go to line 17. 16b. Are your debts prima money for a business No. Go to line 16c ✓ Yes. Go to line 17. | 6a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." No. Go to line 16b. | | | | | |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | ✓ No. I am not filing under the expenses are paid the No. ☐ Yes. ☐ Yes. ☐ Yes. | pter 7. Do you estimate that af | fter any exempt property is excluded and administrative istribute to unsecured creditors? | | | | |
| 18. How many creditors do you estimate that you owe? | ✓ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999 | ☐ 1,000-5,000 ☐ 5,001-10,000 ☐ 10,001-25,00 | — | | | | |
| 19. How much do you estimate your assets to be worth? | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | \$1,000,001-\$ \$10,000,001- \$50,000,001- | -\$50 million \$1,000,000,001-\$10 billion | | | | |
| 20. How much do you estimate your liabilities to be? | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | \$1,000,001-\$ \$10,000,001- \$50,000,001- | -\$50 million \$1,000,000,001-\$10 billion | | | | |
| Part 7: Sign Below | | | | | | | |
| For you | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. | | | | | | |
| | Signature of Debtor 1 | | Signature of Debtor 2 | | | | |
| | Executed on 5/4/20 | 18 / DD / YYYY | Executed on | | | | |

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| Debtor 1 Kearia | D | Crumb | Case number (if) | known) | | | |
|--|----------------------------|-------------------------------|---------------------|--|--|--|--|
| First Name | Middle Name | Last Name | | | | | |
| For your attorney, if you are represented by one | eligibility to proceed und | der Chapter 7, 11, 12, or 13 | of title 11, United | ave informed the debtor(s) about d States Code, and have explained the ilso certify that I have delivered to the | | | |
| If you are not | debtor(s) the notice requ | ired by 11 U.S.C. § 342(b) a | and, in a case in v | vhich § 707(b)(4)(D) applies, certify that I | | | |
| represented by an | have no knowledge after | r an inquiry that the informa | tion in the sched | ules filed with the petition is incorrect. | | | |
| attorney, you do not | · · | | | • | | | |
| need to file this page. | /s/ Chris Prvor | | Date | 5/4/2018 | | | |
| | Signature of Attorney f | or Debtor | M | M / DD / YYYY | | | |
| | , | | | | | | |
| | | | | | | | |
| | Chris Pryor | | | | | | |
| | Printed name | | | | | | |
| | Semrad Law Firm | | | | | | |
| | Firm name | | | | | | |
| | 20 S. Clark Street | | | | | | |
| | Street | | | | | | |
| | 28th Floor | | | | | | |
| | | | | | | | |
| | Chicago | Illinoi | S | 60603 | | | |
| | City | State | | Zip Code | | | |
| | | | | | | | |
| | Contact phone | | Email address | cpryor@semradlaw.com | | | |
| | | | | | | | |
| | D | | Illinois | | | | |
| | Bar number State | | | | | | |

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| Fill in this information to identify your case: | | | | | | | | |
|---|------------|-------------|----------------------|---|--|--|--|--|
| Debtor 1 | Kearia | D | Crumb | | | | | |
| | First Name | Middle Name | Last Name | _ | | | | |
| Debtor 2 | | | | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | _ | | | | |
| United States Bankruptcy Court for the: | | Northern | District of Illinois | _ | | | | |
| Case number (If known) | | | (State) | _ | | | | |

| П | Check if this is an |
|---|---------------------|
| _ | amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| | Your assets Value of what you owr |
|--|---|
| Schedule A/B: Property (Official Form 106A/B) | |
| 1a. Copy line 55, Total real estate, from Schedule A/B | \$0.00 |
| 1b. Copy line 62, Total personal property, from Schedule A/B | \$11,340.00 |
| 1c. Copy line 63, Total of all property on Schedule A/B | \$11,340.00 |
| t2: Summarize Your Liabilities | |
| | Your liabilities Amount you owe |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) | #0.470.00 |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$9,470.93 |
| Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) | \$0.00 |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | - |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$57,070.00 |
| Your total liabilities | \$66,540.93 |
| | |
| Summarize Your Income and Expenses | |
| | \$2 456 37 |
| | \$2,456.37 |
| Schedule I: Your Income (Official Form 106I) | \$2,456.37 \$2,106.00 |

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Debtor 1 Kearia D Crumb Case number (if known) First Name Middle Name Last Name Part 4: **Answer These Questions for Administrative and Statistical Records** 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. \square 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those incurred by an individual primarily for a personal, family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official \$2,577.54 Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: **Total claim** From Part 4 on Schedule E/F, copy the following: \$0.00 9a. Domestic support obligations (Copy line 6a.) \$0.00 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$0.00 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$19,846.00 9d. Student loans. (Copy line 6f.) \$0.00 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$0.00 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

\$19,846.00

9g. Total. Add lines 9a through 9f.

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| | | | | | 3 | | | |
|------------------------------------|--|--|--|-------------------------|---|---|--|---|
| Fill in this | sinformation | to identify your c | ase: | | | | | |
| Debtor 1 | Keari | | D | | Crumb | | | |
| Debtor 2 | First | Name | Middle N | lame | Last Name | | | |
| (Spouse, if f | filing) First | Name | Middle N | lame | Last Name | | | |
| United St | ates Bankrup | otcy Court for the: | Northern | | District of Illinois | | | |
| Case nun | nber | | | | (State) | | | |
| , , | л Гоки | 106 A /D | | | | | | Check if this is an |
| | | 106A/B | _ | | | | | amended filing |
| | | /B: Prope | | | | | | 12/1 |
| category responsib write you | where you to le for supply r name and | think it fits best. I ying correct infor case number (if k | Be as complete a mation. If more s known). Answer e | nd ac pace very c | asset only once. If an asset fits in mo curate as possible. If two married pec is needed, attach a separate sheet to uestion. • Other Real Estate You Own or I | ple are this fo | e filing together, both a orm. On the top of any | are equally |
| 1. Do you | u own or ha | ve any legal or ed | quitable interest i | in any | residence, building, land, or similar p | oropert | y? | |
| ✓ | No. Go to | Part 2 | | | | | | |
| | Yes. Where | e is the property? | | | | | | |
| 1.1 | Otro at a dala | and if a vallable and | | | t is the property? Check all that apply. Single-family home | | the amount of any secu | claims or exemptions. Put ired claims on <i>Schedule D:</i> nims Secured by Property. |
| | Street address, if available, or other description | | Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home | | | Current value of the entire property? Current value of the portion you own? | | |
| | | | | | | | | |
| | | | | Ħ | _and | | | |
| | Number | Street | | Ħ | nvestment property | | Describe the nature of interest (such as fee s | |
| | City | State | Zip Code | | Timeshare Other | | the entireties, or a life | |
| | Oity | Oluic | Zip Gode | | | | Check if this is co | ommunity property |
| | | | | Who | has an interest in the property? Che | ck | (see instructions) | minumey property |
| | | | | | Debtor 1 only | | _ | |
| | | | | | Debtor 2 only | | | |
| | | | | | Debtor 1 and Debtor 2 only | | | |
| | | | | | At least one of the debtors and another | | | |
| | | | | | er information you wish to add about perty identification number: | this ite | m, such as local | |
| If you | own or hav | e more than one, li | st here: | | | | | |
| 4.0 | | | | | t is the property? Check all that apply. | | | claims or exemptions. Put ired claims on Schedule D: |
| 1.2 | Street addr | ess, if available, or | other description | | Single-family home | | - | nims Secured by Property. |
| | | | | ш | Duplex or multi-unit building | | Current value of the | Current value of the |
| | | | | ш | Condominium or cooperative Manufactured or mobile home | | entire property? | portion you own? |
| | | | | | _and | | | |
| | Number | Street | | ш | nvestment property | | Describe the nature of | f your ownership |
| | | | | | Timeshare | | interest (such as fee s the entireties, or a life | |
| | City | State | Zip Code | | Other | | - | ommunity property |
| | | | | Who | has an interest in the property? Chec | ck | (see instructions) | many property |
| | | | | | Debtor 1 only | | | |
| | | | | | Debtor 2 only | | | |
| | | | | ш | Debtor 1 and Debtor 2 only | | | |
| | | | | Ħ | At least one of the debtors and another | | | |
| | | | | Oth | er information you wish to add about | thic ita | m such as local | |

property identification number:

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| Debtor 1 | Kearia | D | Crumb | Case numbe | er (if known) | |
|-----------|---|----------------------|---|------------------|--|---|
| | First Name | Middle Name | Last Name | ' | | |
| | et address, if available, or o | | What is the property? Check all that a Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare | apply. | the amount of any secu Creditors Who Have Clar Current value of the entire property? Describe the nature of interest (such as fee s | imple, tenancy by |
| City | State | | Who has an interest in the property Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and and Other information you wish to add a | other | (see instructions) | mmunity property |
| | | | property identification number: | | | |
| you ha | ve attached for Part 1. W | rite that number h | all of your entries from Part 1, inclu nere. ▶ | uning any entire | is for pages | |
| you own t | hat someone else drives. If ins, trucks, tractors, sport u | you lease a vehicle, | t in any vehicles, whether they are also report it on Schedule G: Executor rcycles | - | - | |
| 3.1 | | Mazda 6 2012 | Who has an interest in the propone. Debtor 1 only | perty? Check | the amount of any secu | claims or exemptions. Put ured claims on <i>Schedule D:</i> aims Secured by Property. |
| | Approximate mileage: Other information: 2012 Mazda 6 | 114325 | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors an Check if this is community | | Current value of the entire property? \$7500.00 | Current value of the portion you own? \$7500.00 |
| 3.2 | Make Model: Year: Approximate mileage: | | who has an interest in the propone. Debtor 1 only | perty? Check | the amount of any sect Creditors Who Have Cla | claims or exemptions. Put ured claims on Schedule D: aims Secured by Property. |
| | Other information: | | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors an Check if this is community instructions) | | Current value of the entire property? | Current value of the portion you own? |

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| Debtor 1 | Kearia First Name | D Middle Name | Crumb Last Name | Case numbe | r (if known) | |
|----------|---|---|---|---|------------------------|---|
| 3.3 | Make Model: Year: Approximate mileage: Other information: | | Who has an interest in the one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 of the debtor Check if this is communinstructions) | only ors and another | the amount of any secu | claims or exemptions. Put used claims on Schedule D: aims Secured by Property. Current value of the portion you own? |
| 3.4 | Make Model: Year: Approximate mileage: Other information: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only | | | the amount of any secu | claims or exemptions. Put irred claims on Schedule D: aims Secured by Property. Current value of the portion you own? |
| | ercraft, aircraft, motor ho | • | Debtor 1 and Debtor 2 of At least one of the debtor Check if this is communinstructions) recreational vehicles, other ishing vessels, snowmobiles | ors and another unity property (see er vehicles, and acce | | <u> </u> |
| 4.1 | Yes Make Model: Year: Approximate mileage: Other information: | | Who has an interest in the one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 of the debtor the debtor constructions. | only ors and another | the amount of any secu | claims or exemptions. Put ured claims on Schedule D: nims Secured by Property. Current value of the portion you own? |
| 4.2 | Make Model: Year: Approximate mileage: Other information: | | Who has an interest in the one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 of At least one of the debtor Check if this is communinstructions) | only ors and another | the amount of any secu | claims or exemptions. Put ured claims on Schedule D: nims Secured by Property. Current value of the portion you own? |
| | - | - | of your entries from Part 2, | | | 500.00 |

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Debtor 1 Kearia Crumb Case number (if known) First Name Last Name Part 3: **Describe Your Personal and Household Items** Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Yes. Describe... Couch and refrigerator \$1000.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music Yes. Describe... Television(2), cellular phone, desktop, tablet \$1150.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No Yes. Describe... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No Yes. Describe... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe... Used clothing, shoes and outerwear \$900.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe... 13. Non-farm animals Examples: Dogs, cats, birds, horses Nο Yes. Describe... 14. Any other personal and household items you did not already list, including any health aids you did not list **✓** No Yes. Describe... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$3700.00 for Part 3. Write that number here

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Debtor 1 Kearia Crumb Case number (if known) First Name Middle Name Last Name **Describe Your Financial Assets** Part 4: Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition **✓** No Yes Cash: 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Institution name: \$140.00 17.1. Checking account: PNC Bank 17.2. Checking account: 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: NetSpend - Prepaid card \$0.00 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ◪ No Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture **✓** No Name of entity % of ownership: Yes. Give specific information about them

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| Security deposits and prepayments Middle Name Last Name La | |
|--|--|
| Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. Yes. Give specific information about them Issuer name: Superinder Superinder Superinder Superinder | |
| Yes. Give specific information about them Issuer name: | |
| Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No Yes. List each account: A01(k) or similar plan: Pension plan: IRA: Retirement account: Keogh: Additional account: Additional account: Additional account: Additional account: Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No No Institution name: Electric: Gas: Heating oil: Security deposit on rental unit: Prepaid rent: | |
| Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No Yes. List each account: | |
| Yes. List each account separately. 401(k) or similar plan: | |
| account separately. 401(k) or similar plan: Pension plan: IRA: Retirement account: Keogh: Additional account: Additional account: Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name: Electric: Gas: Heating oil: Security deposit on rental unit: Prepaid rent: | |
| IRA: Retirement account: Keogh: Additional account: Additional account: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name: Yes Electric: Gas: Heating oil: Security deposit on rental unit: Prepaid rent: | |
| Retirement account: Keogh: Additional account: Additional account: Additional account: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name: Yes Electric: Gas: Heating oil: Security deposit on rental unit: Prepaid rent: | |
| Keogh: Additional account: Additional account: Additional account: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name: Yes Electric: Gas: Heating oil: Security deposit on rental unit: Prepaid rent: | |
| Additional account: Additional account: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name: Gas: Heating oil: Security deposit on rental unit: Prepaid rent: | |
| Additional account: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name: Gas: Heating oil: Security deposit on rental unit: Prepaid rent: | |
| Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name: Gas: Heating oil: Security deposit on rental unit: Prepaid rent: | |
| Gas: Heating oil: Security deposit on rental unit: Prepaid rent: | |
| Heating oil: Security deposit on rental unit: Prepaid rent: | |
| Security deposit on rental unit: Prepaid rent: | |
| Prepaid rent: | |
| | |
| | |
| Telephone: Water: | |
| Rented furniture: | |
| Other: | |
| 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) | |
| ✓ No Yes Issuer name and description: | |
| | |
| | |

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| Debto | or 1 Kearia | D | Crumb | Case number (if known) | |
|-------|--|---|---|---|---|
| 24. | First Name Interests in an educati | Middle Name | Last Name | er a qualified state tuition program. | |
| | | 529A(b), and 529(b)(1). | на пред и под и п | | |
| | ✓ No Institution | n name and description. Separa | tely file the records of any interes | ts 11 U.S.C. & 521(c): | |
| | Yes | Thane and description. Separa | tely file the records of any interes | 10.11 0.0.0. g 02 1(0). | |
| | | | | | |
| | | | | | |
| 25. | Trusts, equitable or fut | ture interests in property (oth | ner than anything listed in line | 1), and rights or powers | |
| 20. | exercisable for your be | | ior than anything notos in inio | in and rights of policies | |
| | ✓ No | | | | |
| | Yes. Describe | | | | |
| | | | | | |
| 26. | | ademarks, trade secrets, and ain names, websites, proceeds | d other intellectual property from royalties and licensing agree | ements | |
| | No | | , , | | |
| | Yes. Describe | | | | |
| | | | | | |
| 27. | | and other general intangibles | | | |
| | | nits, exclusive licenses, coopera | tive association holdings, liquor l | icenses, professional licenses | |
| | ✓ No Yes. Describe | | | | |
| | | | | | |
| | - | | | | |
| Mon | ev or property owed | lto vou? | | | Current value of the |
| Mon | ey or property owed | I to you? | | | Current value of the portion you own? |
| Mon | ey or property owed | I to you? | | | portion you own? Do not deduct secured |
| | ey or property owed Tax refunds owed to yo | | | | portion you own? |
| | | | | | portion you own? Do not deduct secured claims or exemptions. |
| | Tax refunds owed to yo ✓ No ☐ Yes. Give specific inf | u formation | | Federal: | portion you own? Do not deduct secured |
| | Tax refunds owed to yo No Yes. Give specific inf about them, inc you already filed | u formation cluding whether d the returns | | Federal: State: | portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax refunds owed to yo No Yes. Give specific infabout them, income you already filed and the tax year | u formation cluding whether d the returns | | | portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax refunds owed to yo No Yes. Give specific inf about them, inc you already filed and the tax year Family support | ormation cluding whether d the returns ars | port, child support, maintenance, | State: Local: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 |
| 28. | Tax refunds owed to yo No Yes. Give specific inf about them, inc you already filed and the tax yea Family support Examples: Past due or lui | ormation cluding whether d the returns ars | oort, child support, maintenance, | State: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 |
| 28. | Tax refunds owed to yo No Yes. Give specific infabout them, income you already filed and the tax yea Family support Examples: Past due or lui | u formation cluding whether d the returns ars mp sum alimony, spousal supp | port, child support, maintenance, | State: Local: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 |
| 28. | Tax refunds owed to yo No Yes. Give specific inf about them, inc you already filed and the tax yea Family support Examples: Past due or lui | u formation cluding whether d the returns ars mp sum alimony, spousal supp | oort, child support, maintenance, | State: Local: divorce settlement, property settlemen | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 |
| 28. | Tax refunds owed to yo No Yes. Give specific infabout them, income you already filed and the tax yea Family support Examples: Past due or lui | u formation cluding whether d the returns ars mp sum alimony, spousal supp | oort, child support, maintenance, | State: Local: divorce settlement, property settlement Alimony: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 |
| 28. | Tax refunds owed to yo No Yes. Give specific infabout them, income you already filed and the tax yea Family support Examples: Past due or lui | u formation cluding whether d the returns ars mp sum alimony, spousal supp | oort, child support, maintenance, | State: Local: divorce settlement, property settlement Alimony: Maintenance: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 |
| 28. | Tax refunds owed to yo No Yes. Give specific infabout them, income you already filed and the tax yea Family support Examples: Past due or lui | u formation cluding whether d the returns ars mp sum alimony, spousal supp | port, child support, maintenance, | State: Local: divorce settlement, property settlement Alimony: Maintenance: Support: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 \$0.00 |
| 29. | Tax refunds owed to yo No Yes. Give specific infabout them, income you already filed and the tax year Family support Examples: Past due or lui No Yes. Give specific info | u formation cluding whether d the returns ars mp sum alimony, spousal supp formation | | State: Local: divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 29. | Tax refunds owed to yo No Yes. Give specific infabout them, income you already filed and the tax year Family support Examples: Past due or lui No Yes. Give specific info | u formation cluding whether d the returns ars mp sum alimony, spousal supp formation | disability benefits, sick pay, vaca | State: Local: divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 29. | Tax refunds owed to yo No Yes. Give specific infabout them, income you already filed and the tax year Family support Examples: Past due or lui No Yes. Give specific info | ormation cluding whether d the returns ars mp sum alimony, spousal supp formation | disability benefits, sick pay, vaca | State: Local: divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 29. | Tax refunds owed to yo No Yes. Give specific inf about them, in you already filer and the tax yea Family support Examples: Past due or lui No Yes. Give specific inf Other amounts someon Examples: Unpaid wages Social Security | ormation cluding whether d the returns ars mp sum alimony, spousal supp formation | disability benefits, sick pay, vaca | State: Local: divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |

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| Deb ¹ | tor 1 Kearia | D | Crumb | Case number (if known) | |
|------------------|---|---|---|--|--|
| | First Name | Middle Name | Last Name | | |
| 31. | Interests in insurance police Examples: Health, disability, | | vings account (HSA); credit, h | omeowner's, or renter's insurance | |
| | No ✓ Yes. Name the insurance | Com | pany name: | Beneficiary: | Surrender or refund value: |
| | of each policy and list its | | life insurance through emplo | yer | \$0.00 |
| | | | | | _ |
| 32 | Any interest in property th | at is due you from some | one who has died | | _ |
| 52. | | living trust, expect procee | | v, or are currently entitled to receive | |
| | ✓ No | | | | 1 |
| | Yes. Describe | | | | |
| 33. | Claims against third partie Examples: Accidents, employ | | | a demand for payment | |
| | No No | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | olaine, or rigino to out | | |
| | Yes. Describe | | | | |
| 24 | Other centingent and unit | | | laima af the debter and violate | |
| 34. | to set off claims | quidated claims of every | nature, including counterc | laims of the debtor and rights | |
| | No No Poporibo | | | | 1 |
| | Yes. Describe | | | | |
| 35. | Any financial assets you di | d not already list | | | |
| | No Yes. Describe | | | | 1 |
| | Tes. Describe | | | | |
| 36 | Add the dollar value of all | of your optries from Pari | : 4 including any entries fo | r pages you have attached | |
| 30. | | • | 4, including any entries to | | \$140.00 |
| | | | | | |
| Part | 5: Describe Any Busin | ess-Related Property | You Own or Have an Ir | terest In. List any real estate in Pa | rt 1. |
| 37. | Do you own or have any le | gal or equitable interest | in any business-related pro | pperty? | |
| | No. Go to Part 6. | | | | Current value of the portion you own? |
| | Yes. Go to line 38. | | | | Do not deduct secured claims or exemptions |
| 38. | Accounts receivable or co | mmissions you already e | earned | | |
| | No No Poscribo | | | | 1 |
| | Yes. Describe | | | | |
| 39. | Office equipment, furnishin | = - | ems, printers, copiers, fax ma | chines, rugs, telephones, desks, chairs, ele | ectronic devices |
| | No | . , , , , , , , , , , , , , , , , , , , | . , , , , , , , , , , , , , , , , , , , | . 5, , , | |
| | Yes. Describe | | | | |
| | | | | | |

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| Debt | tor 1 Kearia | D | Crumb | Case number (if known) | |
|-------------|--|--|---------------------------------|------------------------------------|---|
| | First Name | Middle Name | Last Name | | |
| 40. | Machinery, fixtures, equ | uipment, supplies you us | se in business, and tools of | your trade | |
| | ✓ No | | | | |
| | <u> </u> | | | | |
| | Yes. Describe | | | | |
| | | | | | |
| | | | | | |
| 41. | Inventory | | | | |
| | No No | | | | |
| | _ | | | | |
| | Yes. Describe | | | | |
| | | | | | |
| 40 | 1.1 | | | | |
| 42. | Interests in partnership | s or joint ventures | | | |
| | ✓ No | | | | |
| | Yes. Give specific | N | lame of entity: | % of ownership: | |
| | information about | | | | |
| | them | _ | | | - |
| | | | | | |
| | | | | | |
| | | _ | | | <u> </u> |
| 43. (| Customer lists, mailing li | ists, or other compilation | ns | | |
| | ✓ No | | | | |
| | | | | | |
| | Yes. Do your lists inc | clude personally identifiable | e information (as defined in 11 | U.S.C. § 101(41A))? | |
| | □ No | | | | |
| | No | | | | |
| | Yes. Describ | De | | | |
| | | | | | |
| 44. | Any business-related pr | roperty you did not alrea | idy list | | |
| | ✓ No | | | | |
| | $\stackrel{\smile}{\smile}$ | _ | | | <u> </u> |
| | Vac (Five enecitic | | | | |
| | Yes. Give specific | | | | |
| | information | - | | | <u> </u> |
| | | <u>-</u> | | | |
| | | <u>-</u> | | | |
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| | | - - - | | | |
| | | - - - - | | | |
| | | - - - - | | | |
| 45 A | information | of your entries from Par | rt 5. including any entries fo | or nages you have attached | |
| | information | = | | or pages you have attached | |
| | information | = | | or pages you have attached | |
| for Pa ▶ | dd the dollar value of all art 5. Write that number | here | | | |
| | dd the dollar value of all art 5. Write that number 6: Describe Any Far | here | Fishing-Related Proper | | |
| for Pa | dd the dollar value of all art 5. Write that number 6: Describe Any Far If you own or have an ir | rm- and Commercial nterest in farmland, list it in F | Fishing-Related Proper | ty You Own or Have an Interest In. | |
| for Pa ▶ | dd the dollar value of all art 5. Write that number 6: Describe Any Far If you own or have an ir | rm- and Commercial nterest in farmland, list it in F | Fishing-Related Proper | | |
| for Pa | dd the dollar value of all art 5. Write that number 6: Describe Any Far If you own or have an ir | rm- and Commercial nterest in farmland, list it in F | Fishing-Related Proper | ty You Own or Have an Interest In. | Current value of the |
| for Pa | information dd the dollar value of all art 5. Write that number 6: Describe Any Far If you own or have an ir Do you own or have any No. Go to Part 7. | rm- and Commercial nterest in farmland, list it in F | Fishing-Related Proper | ty You Own or Have an Interest In. | portion you own? |
| for Pa | dd the dollar value of all art 5. Write that number 6: Describe Any Far If you own or have an ir | rm- and Commercial nterest in farmland, list it in F | Fishing-Related Proper | ty You Own or Have an Interest In. | portion you own? Do not deduct secured claims |
| Part | dd the dollar value of all art 5. Write that number 6: Describe Any Far If you own or have an ir Do you own or have any No. Go to Part 7. Yes. Go to line 47. | rm- and Commercial nterest in farmland, list it in F | Fishing-Related Proper | ty You Own or Have an Interest In. | portion you own? |
| Part | dd the dollar value of all art 5. Write that number 6: Describe Any Far If you own or have an ir Do you own or have any No. Go to Part 7. Yes. Go to line 47. Farm animals | rm- and Commercial nterest in farmland, list it in F | Fishing-Related Proper | ty You Own or Have an Interest In. | portion you own? Do not deduct secured claims |
| Part | dd the dollar value of all art 5. Write that number 6: Describe Any Far If you own or have an ir Do you own or have any No. Go to Part 7. Yes. Go to line 47. | rm- and Commercial nterest in farmland, list it in F | Fishing-Related Proper | ty You Own or Have an Interest In. | portion you own? Do not deduct secured claims |
| Part | dd the dollar value of all art 5. Write that number 6: Describe Any Far If you own or have an ir Do you own or have any No. Go to Part 7. Yes. Go to line 47. Farm animals | rm- and Commercial nterest in farmland, list it in F | Fishing-Related Proper | ty You Own or Have an Interest In. | portion you own? Do not deduct secured claims |
| Part | dd the dollar value of all art 5. Write that number ff you own or have an ir Do you own or have an ir Yes. Go to line 47. Farm animals Examples: Livestock, por | rm- and Commercial nterest in farmland, list it in F | Fishing-Related Proper | ty You Own or Have an Interest In. | portion you own? Do not deduct secured claims |
| Part | information dd the dollar value of all art 5. Write that number 6: Describe Any Far If you own or have an ir Do you own or have an ir Ves. Go to Part 7. Yes. Go to line 47. Farm animals Examples: Livestock, pour | rm- and Commercial nterest in farmland, list it in F | Fishing-Related Proper | ty You Own or Have an Interest In. | portion you own? Do not deduct secured claims |

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| Debt | or 1 Kearia First Name | | Crumb Last Name | Case number (if known) | |
|----------------|----------------------------|--|-------------------------|------------------------------|--------------|
| 48. | Crops-either growing | | | | |
| | ✓ No | | | | |
| | Yes. Describe | | | | |
| | | | | | |
| 49. | Farm and fishing equi | pment, implements, machinery, fixtur | es, and tools of trade | | |
| | ✓ No Yes. Describe | | | | |
| | Tes. Describe | | | | |
| 50. | Farm and fishing supp | lies, chemicals, and feed | | | |
| | V No | , | | | |
| | Yes. Describe | | | | |
| | | | | | |
| 51. | Any farm- and comme | rcial fishing-related property you did | not already list | | |
| | ✓ No | | | | |
| | Yes. Describe | | | | |
| | - | | | Г | |
| | | II of your entries from Part 6, includin r here | | | |
| > | | | | L | |
| | | | | | |
| Part 7 | 7: Describe All Pro | perty You Own or Have an Intere | est in That You Did Not | List Above | |
| 53. | | perty of any kind you did not already l ts, country club membership | list? | | |
| | ✓ No | ., | | | |
| | Yes. Give specific | | | | |
| | information | | | | |
| | | | | | |
| 54. Ad | dd the dollar value of a | II of your entries from Part 7. Write th | at number here |) | <u> </u> |
| | | | | | |
| | | | | | |
| | | | | | |
| Part 8 | List the Totals of | f Each Part of this Form | | | |
| 55. F | Part 1: Total real estate | e, line 2 | | | |
| | | _ | | | |
| | part 2 total vehicles, lin | | \$7500.00 | | |
| | - | nd household items, line 15 | \$3700.00 | | |
| | art 4: Total financial as | | \$140.00 | | |
| | | elated property, line 45 | · | | |
| | Part 6: Total farm- and | fishing-related property, line 52 | | | |
| | | . Add lines 56 through 61 | | | |
| υ <u>ς</u> . Ι | otai personai property | Traa mioo oo anough of | \$11340.00 | Copy personal property total | + \$11340.00 |
| | | | | | \$11340.00 |
| 63. T | otal of all property on § | Schedule A/B. Add line 55 + line 62 | | | |

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| Debtor 1 | Kearia | D | Crumb | Case number (if known) | |
|----------|-------------|--------------|------------|------------------------|---------------------------------------|
| | Circl Money | Middle Noses | Look Money | | · · · · · · · · · · · · · · · · · · · |

Schedule A/B: Property. Additional page

| Part 3: Describe Your Personal and Household Items | | | |
|--|---|--|--|
| Do you own or have | ve any legal or equitable interest in any of the following items? | Current value of the portion you own? Do not deduct secured claims or exemptions. | |
| 6.2. Household goods and furnishings | | | |
| No ✓ Yes. Describe | Used goods, bed, table, chairs | \$650.00 | |

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| Fill in this information to identify your case: | | | | |
|---|---------------------------|-------------|------------------------------|--|
| Debtor 1 | Kearia | D | Crumb | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States B | Bankruptcy Court for the: | Northern | District of Illinois (State) | |
| Case number (If known) | | | (Citato) | |

Official Form 106C

Check if this is an amended filing

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Pa | Part 1: Identify the Property You Claim as Exempt | | | | | |
|----|---|---|---|--|--|--|
| 1. | Which set of exemptions are you claim | ing? Check one only, ev | ren if your spouse is filing with you. | | | |
| | You are claiming state and federal | nonbankruptcy exemp | otions. 11 U.S.C. § 522(b)(3) | | | |
| | You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) | | | | | |
| 2. | For any property you list on Schedule A | /B that you claim as e | xempt, fill in the information below. | | | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Check only one box for each exemption. | Specific laws that allow exemption | | |
| | Brief description: Mazda 6, 2012, 2012 Mazda 6 Line from Schedule A/B: 03 | \$7,500.00 | \$0 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(c); 735 ILCS 5/12-1001(b) | | |
| | Brief | | | 735 ILCS 5/12-1001(b) | | |
| | description: | \$140.00 | \$140.00 | | | |
| | Checking account, PNC | | — \$140.00 | _ | | |
| | Bank Line from Schedule A/B: 17 | | 100% of fair market value, up to any applicable statutory limit | | | |
| 3. | ✓ No | ery 3 years after that for | 375? cases filed on or after the date of adjustment.) vithin 1,215 days before you filed this case? | | | |

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Debtor 1 Kearia D Crumb Case number (if known)
First Name Middle Name Last Name

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim Check only one box for each exemption. | Specific laws that allow exemption |
|---|--|---|------------------------------------|
| | Copy the value from Schedule A/B | | |
| Brief description: Other financial account, NetSpend - Prepaid card Line from | \$0.00 | \$0 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| Schedule A/B: | \$1,000.00 | \$529.07 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| Brief description: Used goods, bed, table, chairs Line from Schedule A/B: 06 | \$650.00 | \$650.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| Brief description: Used clothing, shoes and outerwear Line from Schedule A/B: 11 | \$900.00 | \$900.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(a) |
| Brief description: Television(2), cellular phone, desktop, tablet Line from Schedule A/B: 07 | \$1,150.00 | \$1,150.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| Brief description: 401(k) or similar plan, 401(k) through employer Line from Schedule A/B: 21 | \$0.00 | \$0 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1006 |
| Brief description: Term life insurance through employer Line from | \$0.00 | \$0 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(f) |

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| Fill in | this information to identify your ca | se; | | | | |
|------------------|--|------------------------------|--|------------------------|--------------------------|---------------------------------|
| | • • | | | | | |
| Debto | r 1 Kearia First Name | D Middle Name | Crumb Last Name | | | |
| Debto | | Middle Name | Last Name | | | |
| | e, if filing) First Name | Middle Name | Last Name | | | |
| United | d States Bankruptcy Court for the: | Northern | District of Illinois (State) | | | |
| Case (If know | number n) | | (State) | | | |
| Offi | cial Form 106D | | | | | heck if this is a mended filing |
| Scl | nedule D: Credito | ors Who Hav | e Claims Secure | ed by Prop | erty | 12/1 |
| Be as | complete and accurate as possib | le. If two married people | are filing together, both are equa | ally responsible for s | upplying correct infor | mation. If |
| | | nal Page, fill it out, num | ber the entries, and attach it to tl | nis form. On the top | of any additional page | es, write your |
| | and case number (if known). | | | | | |
| 1. [| Oo any creditors have claims se | | ₹ | | | |
| [| | | ith your other schedules. You have | e nothing else to rep | ort on this form. | |
| [| Yes. Fill in all of the information | n below. | | | | |
| Part ' | : List All Secured Claims | | | | | |
| 2. | List all secured claims. If a credit | or has more than one secu | ured claim. list the creditor | Column A | Column B | Column C |
| | separately for each claim. If more th | nan one creditor has a parti | cular claim, list the other creditors | Amount of claim | Value of | Unsecured |
| | in Part 2. As much as possible, list | the claims in alphabetical c | order according to the creditor's | Do not deduct the | collateral | portion |
| | name. | | | value of collateral. | that supports this claim | If any |
| 2.1 | AMER FST FIN | | | \$470.93 | \$1,000.00 | \$0.00 |
| <u> </u> | Creditor's Name | | that secures the claim: | Ψ+7 0.50 | Ψ1,000.00 | |
| | Number Street | Couch and refrigerator - | 39 InstallmentLoan the claim is: Check all that apply. | | | |
| | Number Street | Contingent | the Claim is. Oneck all that apply. | | | |
| | Windstein KO C7005 | = | | | | |
| | Wichita KS 67205 City State ZIP Code | Unliquidated | | | | |
| | Who owes the debt? Check one. | Disputed | | | | |
| | Debtor 1 only | Nature of lien. Check al | I that apply. | | | |
| | Debtor 2 only Debtor 1 and Debtor 2 only | An agreement you n car loan) | nade (such as mortgage or secured | | | |
| | At least one of the debtors | Statutory lien (such | as tax lien, mechanic's lien) | | | |
| | and another | Judgment lien from | a lawsuit | | | |
| | Check if this claim relates to a community debt | Other (including a rig | ht to offset) | | | |
| | Date debt was 9/2017 incurred | Last 4 digits of accoun | t number0001 | | | |
| 2.2 | Santander Consumer USA Creditor's Name | Describe the property | that secures the claim: | \$9,000.00 | \$7,500.00 | \$1,500.00 |
| | 14101 MYFORD RD FL 2 | Mazda 6 Value: \$8,250 | .00 | | | |
| | Number Street | As of the date you file, | the claim is: Check all that apply. | | | |
| | | Contingent | | | | |
| | TUSTIN CA 92780 | Unliquidated | | | | |
| | City State ZIP Code Who owes the debt? Check one. | Disputed | | | | |
| | Debtor 1 only | Nature of lien. Check al | I that apply. | | | |
| | Debtor 2 only | An agreement you n car loan) | nade (such as mortgage or secured | | | |
| | Debtor 1 and Debtor 2 only | _ ′ | as tax lien, mechanic's lien) | | | |
| | At least one of the debtors and another | Judgment lien from | • | | | |
| | Check if this claim relates | Other (including a rig | | | | |
| | to a community debt Date debt was | Last 4 digits of accoun | t number | | | |
| | incurred Add the dellar value of v | vour antrias in Calumn A | on this page. Write that number | \$9.470.93 | | |

here:

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| Debtor 1 | Kearia | D | Crumb | Case number (if known) |
|-------------------|--|--|---------------------------------|--|
| i | First Name | Middle Name | Last Name | |
| Part 2: | List Others to Be No | tified for a Debt That Y | ou Already Listed | |
| agency Similar | y is trying to collect from rly, if you have more that | n you for a debt you owe to in one creditor for any of th | o someone else, list the credit | nat you already listed in Part 1. For example, if a collection or in Part 1, and then list the collection agency here. 1, list the additional creditors here. If you do not have age. |
| Nam 160 | tander Consumer USA, In ne 1 ELM STREET STE 800 nber Street | | | ch line in Part 1 did you enter the creditor? 2digits of account number |
| Dalla City | | Texas 7520 State Zip C | | |

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| Fill in | this inforr | mation to identify your c | ase: | | | |
|-------------------------|---|---|--|---|--|---|
| Debto | or 1 | Kearia | D | Crumb | | |
| | | First Name | Middle Name | Last Name | | |
| Debto | | | | | | |
| (Spous | se, if filing) | First Name | Middle Name | Last Name | | |
| Unite | d States B | ankruptcy Court for the: | Northern | District of Illinois | | |
| 0 | | | | (State) | | |
| (If knov | number vn) | | | | | |
| Offi | cial E | orm 106E/F | | | | Check if this is an amended filing |
| OIII | Ciai i i | | | | | |
| Sc | hedı | ıle E/F: Cre | editors Who | Have Unse | cured Claims | 12/1: |
| other Form claims | party to a 106A/B) a s that are ntries in tl | any executory contract and on Schedule G: Exe listed in Schedule D: C | s or unexpired leases that ecutory Contracts and Un Creditors Who Hold Claim | nt could result in a claim. Dexpired Leases (Official F Des Secured by Property. If | Also list executory contracts form 106G). Do not include an more space is needed, copy t | n NONPRIORITY claims. List the on Schedule A/B: Property (Official by creditors with partially secured he Part you need, fill it out, number rite your name and case number (if |
| Part | 1: List / | All of Your PRIORIT | Y Unsecured Claims | | | |
| 1. | Do any cr | editors have priority ur | secured claims against | you? | | |
| | ✓ No. 0 | Go to Part 2. | | | | |
| | Yes. | | | | | |
| | listed, ider As much a | ntify what type of claim it as possible, list the claims | is. If a claim has both prior in alphabetical order acco | ity and nonpriority amounts | s, list that claim here and show b s. If you have more than two price | arately for each claim. For each claim oth priority and nonpriority amounts. ority unsecured claims, fill out the |

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total

claim

Priority

amount

Nonpriority

amount

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| Debtor | 1 Kearia | D | Crumb | Case number (if known) | |
|-----------------------------------|---|--|--|--|--------------------|
| Dort Or | First Name List All of Your NONPRIO | Middle Name | Last Name | | |
| 4. Lis | any creditors have nonpriority No. You have nothing to repor Yes. t all of your nonpriority unsecured claim, list the creditor separate than one creditor holds a par | unsecured claims again rt in this part. Submit thi red claims in the alphal arately for each claim. For | nst you? s form to the councetical order of the each claim listed, | art with your other schedules. The creditor who holds each claim. If a creditor has more identify what type of claim it is. Do not list claims already it is. If you have more than four priority unsecured claims fill o | ncluded in Part 1. |
| Pag | ge of Part 2. | | | | Total claim |
| <u>N</u> | AD ASTRA RECOVERY SERV Jonpriority Creditor's Name 330 W 33RD ST N STE 118 Jumber Street | | Whe | 4 digits of account number 7196 n was the debt incurred? 9/2017 | \$417.00 |
| 7 1 1 1 1 1 | VICHITA Kansar State Who incurred the debt? Check of Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and Check if this claim relates to the claim subject to offset? No Yes | Zip Code one. d another | | f the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed e of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts 001 Collection; Collecting for ORIGINAL CREDITOR: SPEEDY Other. Specify | |
| | American Family Insurance Nonpriority Creditor's Name | | Last | 4 digits of account number | \$30,000.00 |
| | Addison Wiscon City State Who incurred the debt? Check of Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and Check if this claim relates to the claim subject to offset? No Yes | Zip Code one. d another to a community debt | As o | n was the debt incurred? f the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or diverce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Boone County, Indiana - Other. Specify Judgement for Car accident | \$5 158 00 |
| C C C C C C C C C C C C C C C C C | Chicago - Dept. of Finance Conpriority Creditor's Name Condition | 60680 Zip Code one. d another | Mhe As o | A digits of account number | \$5,158.00 |

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Debtor 1 Kearia D Crumb Case number (if known)
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

| I dit 2 | Four NONPRIORITY Unsecured Claims - Continuation | | |
|---------|---|---|-------------|
| | After listing any entries on this page, number them beginning w | ith 4.5, followed by 4.6, and so forth. | Total claim |
| 4.4 | COMENITYBANK/VICTORIA | - Last 4 digits of account number 0972 | \$324.00 |
| | Nonpriority Creditor's Name 220 W SCHROCK RD | When was the debt incurred? 3/2017 | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | WESTERVILLE Ohio 43081 | - Unliquidated | |
| | City State Zip Code Who incurred the debt? Check one. | Disputed | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or | |
| | At least one of the debtors and another | divorce that you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar | |
| | Is the claim subject to offset? | debts Other. Specify CreditCard | |
| | No | • and opening | |
| | Yes | | |
| 4.5 | DEPTEDNELNET | | \$0.00 |
| 4.5 | Nonpriority Creditor's Name | Last 4 digits of account number 7699 | \$0.00 |
| | PO Box 740283 Number Street | When was the debt incurred? 8/2013 | |
| | Number Sueet | As of the date you file, the claim is: Check all that apply. | |
| | Atlanta Georgia 30374 | Contingent | |
| | City State Zip Code | Unliquidated | |
| | Who incurred the debt? Check one. | Disputed | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | ✓ Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or | |
| | At least one of the debtors and another | divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar | |
| | Check if this claim relates to a community debt | debts | |
| | Is the claim subject to offset? | Other. Specify | |
| | <u>✓</u> No | | |
| | Yes | | |
| 4.6 | DEPTEDNELNET | - Last 4 digits of account number 7799 | \$0.00 |
| | Nonpriority Creditor's Name PO Box 740283 | When was the debt incurred? 8/2013 | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | Atlanta Georgia 30374 | Unliquidated | |
| | City State Zip Code Who incurred the debt? Check one. | Disputed | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or | |
| | At least one of the debtors and another | divorce that you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | Other. Specify | |
| | No | | |
| | Yes | | |

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Debtor 1 Kearia D Crumb Case number (if known)
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| Part 2 | Your NONPRIORITY Unsecured Claims - Continuation | Page | |
|--------|---|---|-------------|
| | After listing any entries on this page, number them beginning wit | h 4.5, followed by 4.6, and so forth. | Total claim |
| 4.7 | DEPTEDNELNET | Last 4 digits of account number 7899 | \$0.00 |
| | Nonpriority Creditor's Name PO Box 740283 | When was the debt incurred? 9/2013 | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | Atlanta Georgia 30374 | Unliquidated | |
| | City State Zip Code | 불 | |
| | Who incurred the debt? Check one. Debtor 1 only | Disputed | |
| | <u></u> | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | ✓ Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or | |
| | At least one of the debtors and another | divorce that you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | Other. Specify | |
| | ✓ No | _ | |
| | Yes | | |
| 4.8 | DEPTEDNELNET | Last 4 digits of account number 5799 | \$0.00 |
| | Nonpriority Creditor's Name | | |
| | PO Box 740283 Number Street | When was the debt incurred? 9/2012 | |
| | Trained Street | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | Atlanta Georgia 30374 City State Zip Code | Unliquidated | |
| | Who incurred the debt? Check one. | Disputed | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | ✓ Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or | |
| | At least one of the debtors and another | divorce that you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | Other. Specify | |
| | ✓ No | _ | |
| | Yes | | |
| 4.9 | DEPTEDNELNET | | \$0.00 |
| | Nonpriority Creditor's Name | Last 4 digits of account number 5899 | |
| | PO Box 740283 Number Street | When was the debt incurred? 9/2012 | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | Atlanta Georgia 30374 City State Zip Code | Unliquidated | |
| | Who incurred the debt? Check one. | Disputed | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | | |
| | Debtor 1 and Debtor 2 only | ✓ Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | 님 | Debts to pension or profit-sharing plans, and other similar | |
| | Check if this claim relates to a community debt | debts | |
| | Is the claim subject to offset? | Other. Specify | |
| | ✓ No | | |
| | Yes | | |

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Debtor 1 Kearia D Crumb Case number (if known) First Name Middle Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** DEPTEDNELNET 4.10 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 740283 When was the debt incurred? 9/2012 Number Street As of the date you file, the claim is: Check all that apply. Contingent 30374 Atlanta Georgia Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify Is the claim subject to offset? **✓** No Yes 4.11 FED LOAN SERV \$0.00 0002 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 60610 When was the debt incurred? 11/2015 Number As of the date you file, the claim is: Check all that apply. Contingent Cornwall Pennsylvania 17016 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify Is the claim subject to offset? **✓** No Yes 4.12 INDIANA STATE UNIVERSI \$0.00 Last 4 digits of account number 1013 Nonpriority Creditor's Name When was the debt incurred? PARSONS HALL RM 106 CONT 10/2013 Number Street As of the date you file, the claim is: Check all that apply. Contingent 47809 TERRE HAUTE Indiana Unliquidated State Zip Code City Disputed Who incurred the debt? Check one. Debtor 1 only ◪ Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify Is the claim subject to offset?

No Yes

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Debtor 1 Kearia D Crumb Case number (if known) First Name Middle Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.13 NORDSTM/TD \$0.00 Last 4 digits of account number 3717 Nonpriority Creditor's Name When was the debt incurred? 9/2014 PO Box 6565 Number Street As of the date you file, the claim is: Check all that apply. Contingent 80155 Englewood Colorado Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify CreditCard Is the claim subject to offset? ◪ **✓** No Yes 4.14 NORDSTROM FSB \$1,325.00 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 6555 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated **ENGLEWOOD** 80155 Colorado City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify _ unsecured debt Is the claim subject to offset? **✓** No Yes U S DEPT OF ED/GSL/ATL \$15,574.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? PO BOX 2287 Number As of the date you file, the claim is: Check all that apply. Contingent **ATLANTA** 30301 Georgia Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or At least one of the debtors and another divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar

✓ No Yes

Check if this claim relates to a community debt

Is the claim subject to offset?

debts Other. Specify

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Debtor 1 Kearia D Crumb Case number (if known) First Name Middle Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.16 U S DEPT OF ED/GSL/ATL \$4,272.00 Last 4 digits of account number 6792 Nonpriority Creditor's Name When was the debt incurred? 11/2015 PO BOX 2287 Number Street As of the date you file, the claim is: Check all that apply. Contingent **ATLANTA** 30301 Georgia Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify Is the claim subject to offset? **✓** No Yes

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| Debtor 1 | Kearia First Name | D M | liddle Name | Crumb Last Name | Case number (if known) |
|-------------------|---|---------------------------------------|---|--|---|
| Part 3: | List Others to B | e Notified Ab | out a Debt That You | ı Already Listed | |
| col col cre | lection agency is tr lection agency here | ying to collect e. Similarly, if y | t from you for a debt yo you have more than on | u owe to someone else e creditor for any of the | ebt that you already listed in Parts 1 or 2. For example, if a e, list the original creditor in Parts 1 or 2, then list the e debts that you listed in Parts 1 or 2, list the additional a Parts 1 or 2, do not fill out or submit this page. |
| Nan | ne | | | On which entry in Pa | rt 1 or Part 2 did you list the original creditor? |
| _ | 1 W Jackson # 600 | | | | (Check Part 1: Creditors with Priority Unsecured Claims |
| Nu — | mber Street | | | on | Part 2: Creditors with Nonpriority Unsecured Claims |
| Ch | icago | Illinois | 60604 | Last 4 digits of accou | int number |
| Cit | у | State | Zip Code | | |

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Debtor 1 Kearia D Crumb Case number (If known)
First Name Middle Name Last Name

| Part 4: Add tl | ne Amounts for Each Type of Unsecured Claim | | | |
|--------------------------|---|---------|--|--------------|
| | nmounts of certain types of unsecured claims. This information is nounts for each type of unsecured claim. | s for s | tatistical reporting purposes only. 28 | U.S.C. §159. |
| | | | Total claims | |
| Total claims from Part 1 | 6a. Domestic support obligations. | 6a. | \$0.00 | |
| | 6b. Taxes and certain other debts you owe the government | | \$0.00 | |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. | \$0.00 | |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$0.00 | |
| | 6e. Total. Add lines 6a through 6d. | 6e. | \$0.00 | |
| | | | Total claims | |
| Total claims from Part 2 | 6f. Student loans | 6f. | \$19,846.00 | |
| | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$0.00 | |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$0.00 | |
| | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$37,224.00 | |
| | 6j. Total. Add lines 6f through 6i. | 6j. | \$57,070.00 | |

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| Fill in this information to identify your case: | | | | | | |
|---|------------|-------------|------------------------------|--|--|--|
| Debtor 1 | Kearia | D | Crumb | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | |
| United States Bankruptcy Court for the: | | Northern | District of Illinois (State) | | | |
| Case number (If known) | | | (2) | | | |

Official Form 106G

Check if this is an amended filing

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| ı | Person or comp | pany with whom you have | the contract or lease | State what the contract or lease is for |
|-----|---|-------------------------|-----------------------|---|
| 2.1 | Jordan, Keith Name 1522 S. Hamlin | | | Residential Lease, Debtor is Lessee, One-year residential lease |
| | Number | Street | | |
| | Chicago | Illinois | 60623 | |
| | City | State | Zip Code | |

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| | | | 3 | |
|--------------------------------|---|--|---------------------------------|---|
| Fill in this in | formation to identify your c | ase: | | |
| Debtor 1 | Kearia | D | Crumb | |
| | First Name | Middle Name | Last Name | _ |
| Debtor 2 (Spouse, if filing | First Name | Middle Name | Last Name | |
| United State | s Bankruptcy Court for the: | Northern | District of Illinois | |
| | | | (State) | _ |
| Case number (If known) | er | | | |
| , , | | | | Check if this is an |
| | | | | amended filing |
| Officia | l Form 106H | | | |
| Sahadı | ule H: Your Cod | lohtoro | | 40/45 |
| Scheal | lie n: Your Cod | eptors | | 12/15 |
| 2. Within Idaho, I | o es the last 8 years, have you Louisiana, Nevada, New Mex o. Go to line 3. | lived in a community proico, Puerto Rico, Texas, W | ashington, and Wisconsin.) | mmunity property states and territories include Arizona, California, |
| ☐ Ye | _ | r spouse, or legal equiva | alent live with you at the time | ? |
| ✓ | No | | " 0 | |
| L | Yes. In which community | y state or territory did yo | u live? | Fill in the name and current address of that person. |
| | Name of your spouse, for | ormer spouse, or legal equ | ivalent | _ |
| | Number Street | | | _ |
| | City | State | Zip Code | _ |
| | | - | | ur spouse is filing with you. List the person shown in line 2 e listed the creditor on Schedule D (Official Form 106D), |

Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Column 1: Your codebtor

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| | | | | 9 | | | |
|---|-----------------------------------|--|--------------------------------|---------------|------------|--|--------|
| Fill in this informati | ion to identify | your case: | | | | | |
| Debtor 1 Kearia | | D | Crumb |) | | | |
| First N | Name | Middle Name | Last Na | ame | Che | eck if this is: | |
| Debtor 2 (Spouse, if filing) First N | Jama | Middle Name | Last Na | omo | — I п | An amended filing | |
| (opouse, ir rilling) First I | varne | Middle Name | | | | A supplement showing post-petition chap | otor 1 |
| United States Bankruthe: | uptcy Court for | Northern | _ District of Illion (S | nois tate) | | expenses as of the following date: | Jier i |
| Case number | | | | | | MM / DD / YYYY | |
| Official Form | m 106l | | | | | | |
| Schedule I: | Your Inc | come | | | | | 12/1 |
| spouse. If more spa number (if known). | ace is needed, | attach a separate she question. | | | | not include information about your ional pages, write your name and c | ase |
| Fill in your emplo information. | oyment | | Debtor 1 | | | Debtor 2 | |
| | | Employment status | ✓ Emplo | ved | | Employed | |
| If you have more t attach a separate p | • | | | nployed | | Not Employed | |
| information about employers. | • | Occupation | | прюуса | | Trott Employed | |
| Include part time, self-employed wo | | Employer's name | United Airli | nes | | | |
| Occupation may in | | Employer's address | 609 Main Street Number Street | | | | |
| or homemaker, if i | | | | | | Number Street | |
| | | | 16th Floor | - HSCPZ | | | |
| | | | Houston | Texas | 77002 | - | |
| | | | City | State | Zip Code | City State Zip Code | |
| | | How long employed there? | 1 year 1 m | onth | | | |
| Part 2: Give Det | ails About M | lonthly Income | | | | | |
| spouse unless you a | are separated. ing spouse have | more than one employer, | • | | | write \$0 in the space. Include your non-fill or that person on the lines below. If you no | |
| | | | | | r Debtor 1 | For Debtor 2 or non-filing spouse | |
| | • . | ry, and commissions (before calculate what the monthly | | 2. | \$2,621.00 | | |
| 3. Estimate and li | ist monthly over | time pay. | | 3 | + \$0.00 | | |
| 4. Calculate gros | s income. Add lir | ne 2 + line 3. | | 4. | \$2,621.00 | | |

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| Dep | tor 1 Kearia First Name | | Crumb Last Name | | Case number | r <i>(if</i> | | |
|-----------------------|---|--|--------------------|----------|------------------------|-----------------------------------|-------|-------------------------|
| | First Name | WILCIDE NAME | Last Name | | known) For Debtor 1 | For Debtor 2 or non-filing spouse | | |
| Co | opy line 4 here | | → | 4. | \$2,621.00 | | | |
| | st all payroll dedu | | | | | | | |
| | | and Social Security deductions | | 5a. | \$321.45 | | | |
| 5 | b. Mandatory con t | tributions for retirement plans | | 5b. | \$0.00 | | | |
| 5 | c. Voluntary contr | ibutions for retirement plans | | 5c. | \$0.00 | | | |
| 5 | d. Required repay | ments of retirement fund loans | | 5d. | \$0.00 | | | |
| 5 | e. Insurance | | | 5e. | \$37.18 | | | |
| 5 | f. Domestic suppo | rt obligations | | 5f. | \$0.00 | | | |
| 5 | g. Union dues | | | 5g. | \$0.00 | | | |
| 5 | h. Other deductio | ns. Specify: | _ | 5h. + | \$0.00 + | | | |
| 6. A c +5h. | | uctions. Add lines 5a + 5b + 5c + 5d + 5e +5 | if + 5g | 6. | \$358.63 | | | |
| 7. C a | alculate total mon | hthly take-home pay. Subtract line 6 from line | e 4. | 7. | \$2,262.37 | | | |
| 8. Li | st all other incom | e regularly received: | | | | | | |
| 8 | business, profes | • | | | | | | |
| | | nt for each property and business showing rdinary and necessary business expenses, and | ł | | | | | |
| | the total monthly | net income. | | 8a. | \$0.00 | | | |
| 8 | b. Interest and div | ridends | | 8b. | \$0.00 | | | |
| 8 | dependent regu | - | | | | | | |
| | | spousal support, child support, maintenance, nt, and property settlement. | , | 8c. | \$0.00 | | | |
| 8 | d. Unemployment | compensation | | 8d. | \$0.00 | | | |
| 8 | e. Social Security | | | 8e. | \$0.00 | | | |
| 8: | Include cash assi cash assistance tl | ent assistance that you regularly receive stance and the value (if known) of any non- hat you receive, such as food stamps (benefits mental Nutrition Assistance Program) or s | | 8f. | \$0.0 <u>0</u> | | | |
| 8 | g. Pension or retir | rement income | | 8g. | \$0.00 | | | |
| 8 | h. Other monthly i | income. Specify: Prorated tax refund | | 8h. + | \$194.00 + | | | |
| 9. A d | dd all other incom | e Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g | + 8h. | 9. | \$194.00 | | | |
| | | income. Add line 7 + line 9. e 10 for Debtor 1 and Debtor 2 or non-filing s _l | | 10. | \$2,456.37 | | = | \$2,456.37 |
| Ir fr | nclude contributions iends or relatives. | ular contributions to the expenses that your serion an unmarried partner, members of your mounts already included in lines 2-10 or amo | r househol | d, your | dependents, your roomn | • | | |
| S | pecify: | | | | | | 11. + | \$0.00 |
| | | the last column of line 10 to the amount in the Summary of Schedules and Statistical Su | | | | | 12. | \$2,456.37 |
| | | | , | | | | | Combined monthly income |
| 13. | No. | ncrease or decrease within the year after | you file th | nis form | ? | | | , |
| L | Yes. Explain: | | | | | | | |

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| | | Do | ocument Page 38 of | 81 | |
|----------------------------|---------------------------------|--|--|--------------------------------------|---|
| Fill in this infor | mation to identify | your case: | | | |
| Debtor 1 | Kearia First Name | D Middle Name | Crumb Last Name | | |
| Debtor 2 | First Name | Middle Name | Last Name | Check if this is: | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | An amended filing | |
| | Bankruptcy Court | for the: Northern | District of Illinois (State) | A supplement show expenses as of the | wing post-petition chapter 13 following date: |
| Case number (If known) | | | | MM / DD / YYYY | <u> </u> |
| | Form 10 e J: Your | 6 <u>J</u> Expenses | | | 12/15 |
| information. If | | eeded, attach another sheet to | le are filing together, both are eq this form. On the top of any additi | | _ |
| Part 1: Des | cribe Your Ho | usehold | | | |
| 1. Is this a joi | nt case? | | | | |
| ✓ No. Go | to line 2 | | | | |
| | oes Debtor 2 live | in a separate household? | | | |
| | | · ··· u copulato nouconolu: | | | |
| L | No | | | | |
| | Yes. Debtor 2 | must file Official Forms 106J-2, E. | xpenses for Separate Household of L | Debtor 2. | |
| 2. Do you hav | e dependents? | ✓ No | | | |
| Do not list D Debtor 2. | ebtor 1 and | Yes. Fill out this information each dependent | for Dependent's relationship to Debtor 1 or Debtor 2 | - | Does dependent live with you? |
| | enses include f people other | ✓ No | | | |
| than | | Yes | | | |
| yourself and dependents | - | L les | | | |
| | | | | | |
| Part 2: Estil | mate Your Ong | going Monthly Expenses | | | |
| | of a date after th | | ess you are using this form as a su supplemental Schedule J, check | | |
| | • | h non-cash government assistar luded it on Sc <i>hedule I: Your Inc</i> o | - | | Your expenses |
| | or home owners | | e. Include first mortgage payments a | and | \$800.00 |
| If not incl | uded in line 4: | | | | |

4a

4b.

4c.

4d.

\$0.00

\$0.00

\$0.00

\$0.00

4a. Real estate taxes

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

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 Debtor 1
 Kearia
 D
 Crumb
 Case number (if known)

 First Name
 Middle Name
 Last Name

| 5. Additional mortgage payments for your residence, such as home equity loans 5. \$0.00 6. Utilities: 6.0. Electricity, heat, natural gas 6. \$80.00 6. D. Water, seever, garbage collection 6. \$80.00 6. C. Felephone, cell phone, Internet, satellite, and cable services 6. \$271.00 6. C. Otheris, Specify: 6. \$20.00 7. Food and housekeeping supplies 7. \$305.00 8. Childcare and children's education costs 8. \$00.00 9. Clothing, Laundry, and dry cleaning 9. \$90.00 10. Personal care products and services 11. \$90.00 11. Medical and dental expenses 11. \$90.00 12. Transportation, include age, maintenance, bus or train fare. 10. \$80.00 14. Charitable contributions and religious donations 14. \$90.00 15. Intental ment, clubs, recreation, newspapers, magazines, and books 15. \$15. 15. Life insurance. 15. \$90.00 15. Intental ment, clubs, recreation, newspapers, magazines, and books 15. \$90.00 15. Life insurance. 15. \$90.00 | First Name | Middle Name Last Name | | |
|--|----------------------------------|---|-----|---------------|
| 6. Utilities: 6.8. S89.00 6. Electricity, healt, natural gas 6.8. S89.00 6. Wilder, sewer, garbage collection 6.0. S271.00 6. Uther, Specify: 6.0. S271.00 6. Uther, Specify: 6.0. S271.00 7. Food and housekeeping supplies 8.0. 90.00 8. Childcare and children's education costs 8.0. 90.00 9. Clothing, laundry, and dry cleaning 9. \$99.00 10. Personal care products and services 10. \$890.00 11. Medical and dental expenses 11. \$90.00 12. Transportation. Include gas, maintenance, bus or train fare. 12. \$340.00 Do not include car payments 12. \$340.00 14. Charitable contributions and religious donations 13. \$9.00 15. Insurance. 15. \$9.00 15. Life insurance 15a \$9.00 15b. Health insurance 15a \$9.00 15c. Vehicle insurance deducted from your pay or included in lines 4 or 20. \$9.00 15c. Vehicle insurance. Specify: 15a \$9.00 15c. Vehicle insurance. Specify: 15a \$9.00 15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 2 | | | | Your expenses |
| 68. Electricity, heat, natural gas 6a. \$80.00 6b. Water, sewer, garbage collection 6b. \$0.00 6c. Telephone, oall phone, internet, satellitie, and cable services 6c. \$271.00 6d. Other. Specify. 6d. \$305.00 7. Food and housekeeping supplies 7. \$305.00 8. Childcare and children's education costs 9. \$500.00 9. Clothing, laundry, and dry cleaning 9. \$90.00 10. Personal care products and services 11. \$80.00 11. Medical and dental expenses 11. \$80.00 11. Medical and dental expenses 12. \$340.00 12. Transportation, Include gas maintenance, bus or train fere. 12. \$340.00 10. not include car payments 13. \$0.00 14. Charitable contributions and religious donations 14. \$0.00 15. Instrainment, clubs, recreation, newspapers, magazines, and books 15. \$0.00 15. Life insurance 156. \$0.00 15. Life insurance 156. \$0.00 15c. Vehicle insurance deducted from your pay or included in lines 4 or 20. | 5. Additional mortgage payme | ents for your residence, such as home equity loans | 5. | \$0.00 |
| 6b. Water, sewer, garbage collection 6b. \$0.00 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$271.00 6d. Other. Specify: 6c. \$271.00 7. Food and housekeeping supplies 7. \$305.00 8. Childcare and children's education costs 8. \$0.00 9. Clothing, laundry, and dry cleaning 9. \$90.00 10. Personal care products and services 11. \$0.00 11. Medical and dental expenses 11. \$0.00 12. Transportation. Include gas, maintenance, bus or train fare. 12. \$340.00 10. Do not include gas, maintenance, bus or train fare. 12. \$340.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$0.00 14. Charitable contributions and religious donations 15. \$0.00 15. Insurance 15 \$0.00 15a. Life insurance deducted from your pay or included in lines 4 or 20. 15a \$0.00 15c. Vehicle insurance 15a \$0.00 15c. Vehicle insurance 15a \$0.00 15c. Vehicle insurance 15a </td <td>6. Utilities:</td> <td></td> <td></td> <td>·</td> | 6. Utilities: | | | · |
| 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$271.00 6d. Other, Specify; 6d. \$0.00 7. Food and housekeeping supplies 7. \$305.00 8. Childicars and children's education costs 8. \$50.00 9. Clothing, laundry, and dry cleaning 9. \$80.00 10. Personal care products and services 10. \$80.00 11. Medical and dental expenses 11. \$0.00 12. Transportation. Include gas, maintenance, bus or train fare. 12. \$340.00 14. Charitable contributions and religious donations 14. \$0.00 15. Insurance. 15. \$0.00 15. Leath insurance deducted from your pay or included in lines 4 or 20. 15c. \$1.00 15. Leath insurance 15c. \$0.00 15. Leath insurance. 15c. \$0.00 15c. Vehicle insurance specify: 15c. \$1.00 15c. Vehicle insurance. 15c. \$1.00 15c. Vehicle insurance. \$1.00 \$0.00 15c. Vehicle insurance. \$1.00 \$0.00 15c. Vehicle insuran | 6a. Electricity, heat, natural g | gas | 6a. | \$80.00 |
| 6d. Other. Specify 6d \$0.00 7. Food and housekeeping supplies 7. \$305.00 8. Childcare and children's education costs 8. \$0.00 9. Clothing, laundry, and dry cleaning 9. \$500.00 10. Personal care products and services 10. \$80.00 11. Medical and dental expenses 11. \$0.00 12. Transportation, Include gas, maintenance, bus or train fare. 12. \$340.00 10. Include care payments 13. \$0.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$0.00 14. Charitable contributions and religious donations 15. \$0.00 15. Insurance. 15 \$0.00 15. List insurance 15 \$0.00 15. Leath insurance deducted from your pay or included in lines 4 or 20. 15 \$0.00 15. Leath insurance. 15 | 6b. Water, sewer, garbage co | ollection | 6b. | \$0.00 |
| 7. Food and housekeeping supplies 7. \$305.00 8. Childcare and childcare's education costs 8. \$0.00 9. Clothing, laundry, and dry cleaning 9. \$80.00 10. Personal care products and services 10. \$80.00 11. Medical and dental expenses 11. \$0.00 12. Transportation, Include gas, maintenance, bus or train fare. 12. \$340.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$0.00 14. Charitable contributions and religious donations 14. \$0.00 15. Insurance. 15a \$0.00 15. Insurance. 15a \$0.00 15b. Health insurance educated from your pay or included in lines 4 or 20. 15c \$150.00 15c. Vehicle insurance. Specify: 15c \$0.00 15c. Vehicle insurance. Specify: 15c \$0.00 <td>6c. Telephone, cell phone, Ir</td> <td>nternet, satellite, and cable services</td> <td>6c.</td> <td>\$271.00</td> | 6c. Telephone, cell phone, Ir | nternet, satellite, and cable services | 6c. | \$271.00 |
| 8. Childcare and children's education costs 8. \$0.00 9. Clothing, laundry, and dry cleaning 9. \$80.00 10. Personal care products and services 10. \$80.00 11. Medical and dental expenses 11. \$0.00 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments 12. \$340.00 14. Charitable contributions and religious donations 14. \$0.00 15. Insurance. Do not include insurance adducted from your pay or included in lines 4 or 20. 15a. Life insurance 15a. \$0.00 15a. Life insurance 15b. Health insurance 15b. S.0.00 \$15b. Chairclain insurance 15c. Chairclain insurance. 15c. Chairclain insurance. \$15c. Chairclain insurance. | 6d. Other. Specify: | | 6d | \$0.00 |
| 9. Clothing, laundry, and dry cleaning 9. \$90.00 10. Personal care products and services 10. \$80.00 11. Medical and dental expenses 11. \$0.00 12. Transportation, Include gas, maintenance, bus or train fare. 12. \$340.00 10. Insurance in include car payments 13. \$0.00 14. Charitable contributions and religious donations 13. \$0.00 15. Insurance. 15. \$0.00 15. Insurance 155. \$0.00 15. Life insurance deducted from your pay or included in lines 4 or 20. 15c. Vehicle insurance 15c. \$140.00 15. Vehicle insurance. 15c. Vehicle insurance. 15c. \$140.00 15. Vehicle insurance. 15c. Vehicle insurance. 15c. \$140.00 15. Vehicle insurance. 15c. Vehicle insurance. 15c. \$140.00 15. Vehicle insurance. 15c. \$140.00 \$0.00 15. Vehicle insurance. 15c. \$140.00 \$0.00 15. Vehicle insurance. 15c. \$140.00 \$0.00 15. Vehicle insurance. 15c. <t< td=""><td>7. Food and housekeeping su</td><td>pplies</td><td>7.</td><td>\$305.00</td></t<> | 7. Food and housekeeping su | pplies | 7. | \$305.00 |
| 10. Personal care products and services 10. \$80.00 11. Medical and dental expenses 11. \$0.00 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments 12. \$340.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$0.00 14. Charitable contributions and religious donations 14. \$0.00 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a \$0.00 15b. Health insurance 15a \$0.00 15c. Vehicle insurance 15c \$140.00 15c. Vehicle insurance. 15c \$0.00 15c. Vehicle insurance. Specify: 15c \$0.00 15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. \$0.00 15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. \$0.00 17b. Car payments for Vehicle 1 17c \$0.00 | 8. Childcare and children's ed | ducation costs | 8. | \$0.00 |
| 11. Medical and dental expenses 11. \$0.00 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments 12. \$340.00 12. Intensional contributions and religious donations 13. \$0.00 14. Charitable contributions and religious donations 14. \$0.00 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15a. \$0.00 15b. Health insurance 15b. Health insurance 15c. Vehicle insurance | 9. Clothing, laundry, and dry | cleaning | 9. | \$90.00 |
| 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments 12. \$340.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. 14. \$0.00 14. Charitable contributions and religious donations 14. \$0.00 15. Insurance. | 10. Personal care products a | nd services | 10. | \$80.00 |
| Do not included car payments 13. 20.00 14. 20.00 14. 20.00 15. | 11. Medical and dental expen | nses | 11. | \$0.00 |
| 14. Charitable contributions and religious donations 14. \$0.00 15. Insurance. 30.00 Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. \$0.00 15b. Health insurance 15b. \$0.00 15b. \$0.00 15c. Vehicle insurance 15c. \$140.00 15d. \$0.00 15c. Vehicle insurance. Specify: 15d. \$0.00 \$0.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. \$0.00 Specify: 16 \$0.00 17. Installment or lease payments: 17a \$0.00 17. Car payments for Vehicle 1 17a \$0.00 17b. Car payments for Vehicle 2 17b \$0.00 17c. Other. Specify: 17c \$0.00 17c. Other. Specify: 17c \$0.00 17c. Other. Specify: 17c \$0.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you. \$0.00 Specify: 19. \$0.00 20a. Mortgages on other property 20a \$0.00 <td>-</td> <td></td> <td>12.</td> <td>\$340.00</td> | - | | 12. | \$340.00 |
| 15. Insurance. | 13. Entertainment, clubs, rec | reation, newspapers, magazines, and books | 13. | \$0.00 |
| Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15a \$0.00 15b. Health insurance 15b \$0.00 15c. Vehicle insurance 15c \$140.00 15c. Vehicle insurance. Specify 15d \$0.00 15d. Other insurance. Specify 15d \$0.00 15d. Other insurance. Specify 15d \$0.00 16c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify 16 \$0.00 17c. Installment or lease payments: | 14. Charitable contributions a | and religious donations | 14. | \$0.00 |
| 15b. Health insurance 15b \$0.00 15c. Vehicle insurance 15c \$140.00 15d. Other insurance. Specify: 15d \$0.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. \$0.00 Specify: 16 \$0.00 17. Installment or lease payments: 16 \$0.00 17. Lac Car payments for Vehicle 1 17a \$0.00 17b. Car payments for Vehicle 2 17b \$0.00 17c. Other. Specify: 17c \$0.00 17d. Other. Specify: 17d \$0.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you. 19. \$0.00 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a \$0.00 20b. Real estate taxes. 20b \$0.00 20c. Property, homeowner's, or renter's insurance 20c \$0.00 20c. Property, homeowner's, or renter's insurance 20d \$0.00 20c. Prop | | ducted from your pay or included in lines 4 or 20. | | |
| 15c. Vehicle insurance | 15a. Life insurance | | 15a | \$0.00 |
| 15d. Other insurance. Specify: | 15b. Health insurance | | 15b | \$0.00 |
| 16 Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: | 15c. Vehicle insurance | | 15c | \$140.00 |
| Specify: | 15d. Other insurance. Specif | fy: | 15d | \$0.00 |
| 17. Installment or lease payments: 17a \$0.00 17b. Car payments for Vehicle 1 17a \$0.00 17b. Car payments for Vehicle 2 17b \$0.00 17c. Other. Specify: 17c \$0.00 17d. Other. Specify: 17d \$0.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you. 19. \$0.00 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a \$0.00 20b. Real estate taxes. 20b \$0.00 20c. Property, homeowner's, or renter's insurance 20c \$0.00 20d. Maintenance, repair, and upkeep expenses. 20d \$0.00 | 16. Taxes. Do not include taxes | s deducted from your pay or included in lines 4 or 20. | | |
| 17. Installment or lease payments: 17a. \$0.00 17a. Car payments for Vehicle 1 17b. \$0.00 17b. Car payments for Vehicle 2 17b. \$0.00 17c. Other. Specify: 17c. \$0.00 17d. Other. Specify: 17d. \$0.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you. 19. \$0.00 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. \$0.00 20a. Mortgages on other property 20a. \$0.00 20b. Real estate taxes. 20b. \$0.00 20c. Property, homeowner's, or renter's insurance 20c. \$0.00 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00 | Specify: | | 16 | \$0.00 |
| 17b. Car payments for Vehicle 2 17c. Other. Specify: 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. So.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you. Specify: 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. Mortgages on other property 20b. Real estate taxes. 20b. Real estate taxes. 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00 | 17. Installment or lease paym | nents: | | |
| 17c. Other. Specify: | 17a. Car payments for Vehic | ele 1 | 17a | \$0.00 |
| 17d. Other. Specify: | 17b. Car payments for Vehic | cle 2 | 17b | \$0.00 |
| 17d. Other. Specify: | 17c. Other. Specify: | | 17c | \$0.00 |
| your pay on line 5, Schedule I, Your Income (Official Form 106I). 19. Other payments you make to support others who do not live with you. Specify: 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. So.00 20b. Real estate taxes. 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. | | | 17d | \$0.00 |
| 19. Other payments you make to support others who do not live with you. Specify: 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a \$0.00 20b. Real estate taxes. 20b \$0.00 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d \$0.00 | | | | \$0.00 |
| Specify: | , , , | , | 18. | |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes. 20b \$0.00 20c. Property, homeowner's, or renter's insurance 20c. Maintenance, repair, and upkeep expenses. 20d \$0.00 | | e to support others who do not live with you. | 10 | \$0.00 |
| 20a. Mortgages on other property 20a. Mortgages on other property 20b. Real estate taxes. 20b \$0.00 20c. Property, homeowner's, or renter's insurance 20c. Maintenance, repair, and upkeep expenses. 20d \$0.00 | | ses not included in lines 4 or 5 of this form or on Schedule I: Your Income | 19. | |
| 20b. Real estate taxes. 20b. So.00 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d. So.00 20d. Maintenance, repair, and upkeep expenses. | | | 20a | \$0.00 |
| 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d. Waintenance, repair, and upkeep expenses. 20d. \$0.00 | | | | |
| 20d. Maintenance, repair, and upkeep expenses. 20d \$0.00 | 20c. Property, homeowner's | s, or renter's insurance | | |
| | 20d. Maintenance, repair, an | nd upkeep expenses. | | |
| | 20e. Homeowner's associati | ion or condominium dues | | |

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| Debtor 1 | | D | Crumb | Case number (if known) | | |
|---------------|--|--------------------------|------------------------------|------------------------|-----|------------|
| | First Name | Middle Name | Last Name | | | |
| 21.Other | Specify: | | | | 21 | \$0.00 |
| | | | | | | |
| 22. Calc | ulate your monthly expenses. | • | | | | \$2,106.00 |
| 22a. <i>A</i> | Add lines 4 through 21. | | | | | \$0.00 |
| 22b. (| Copy line 22 (monthly expenses | s for Debtor 2), if any, | from Official Form 106J-2 | | | \$2,106.00 |
| 22c. A | Add line 22a and 22b. The resu | It is your monthly exp | enses. | | 22. | |
| 23.Calcu | late your monthly net incom | e. | | | | |
| 23a. (| Copy line 12 (your combined m | onthly income) from | Schedule I. | | 23a | \$2,456.37 |
| 23b. (| Copy your monthly expenses fr | om line 22 above. | | | 23b | \$2,106.00 |
| | Subtract your monthly expenses | | ncome. | | | \$350.37 |
| • | The result is your monthly net in | ncome. | | | 23c | |
| For e | example, do you expect to finish gage payment to increase or de la | n paying for your car l | oan within the year or do yo | ou expect your | | |
| | | | | | | |

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| Fill in this infor | mation to identify your ca | ase: | | |
|---------------------------|----------------------------|-------------|------------------------------|--|
| Debtor 1 | Kearia | D | Crumb | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States E | Bankruptcy Court for the: | Northern | District of Illinois (State) | |
| Case number (If known) | | | (Otato) | |

Official Form 106Dec

Check if this is an amended filing

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Par | t 1: Sign Below | | |
|-----|--|---|--|
| | Did you pay or agree to pay someone who is NOT an attorney to | help you fill out bankruptcy forms? | |
| | ✓ No | | |
| | Yes. Name of person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). | |
| | | | |
| | | | |
| | Under penalty of perjury, I declare that I have read the summary that they are true and correct. | and schedules filed with this declaration and | |
| × | /s/ Kearia Crumb | × | |
| | Signature of Debtor 1 | Signature of Debtor 2 | |
| | Date 5/4/2018 | Date | |
| | MM/DD/YYYY | MM/DD/YYYY | |

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| Fill i | n this info | ormation to identify your | case: | | | | | |
|-----------------|---------------------|---|---------------------|----------------------------|----------------------|---------------|-------------------|-----------------------------------|
| Deb | tor 1 | Kearia | D | Crumb |) | | | |
| Dob | tor 2 | First Name | Middle | Name Last N | lame | | | |
| | use, if filing) | First Name | Middle | Name Last N | lame | | | |
| Unit | ed States | Bankruptcy Court for the: | Northern | District of II | | | | |
| Case (If kno | e numbei own) | r <u> </u> | | (8 | State) | | | |
| Of | ficial | Form 107 | | | | _ | | Check if this is a amended filing |
| Sta | atemo | ent of Financia | al Affairs f | or Individual | s Filing for | Bankru | ptcy | 04/1 |
| Be a | s compl rmation. | lete and accurate as po . If more space is need nown). Answer every o | ed, attach a sep | arried people are filir | ng together, both | are equally i | responsible for s | |
| Par | ti: Giv | e Details About Your | Marital Status | and Where You Liv | ed Before | | | |
| 1. | What i | s your current marital st | atus? | | | | | |
| | | arried ot married | | | | | | |
| | ✓ 144 | otmanieu | | | | | | |
| 2. | During | the last 3 years, have y | ou lived anywher | e other than where you | ı live now? | | | |
| | ✓ No | o es. List all of the places y | ou lived in the las | t 3 years. Do not incluc | le where you live r | iow. | | |
| | De | ebtor 1: | | Dates Debtor 1 lived there | d Debtor 2: | | | Dates Debtor 2 lived there |
| | | | | | Same as | Debtor 1 | | Same as Debtor 1 |
| | N | umber Street | | From | Number Stre | et | | From |
| | _ | | | То | | | | To |
| | Ci | ity State | Zip Code | | City | State | Zip Code | |
| | | | · | | Same as | Debtor 1 | · | Same as Debtor 1 |
| | N | umber Street | | From | Number Stre | et | | From |
| | _ | | | To | - | | | То |
| | Ci | ity State | Zip Code | | City | State | Zip Code | |
| 3. | and territ | he last 8 years, did you e | omia, Idaho, Louis | siana, Nevada, New Mex | ico, Puerto Rico, Te | | | nmunity property states |
| | ☐ Yes | s. Make sure you fill out S | cnedule H: Your | Codebtors (Official For | m 106H). | | | |

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Debtor 1 Kearia Crumb Case number (if known) First Name Last Name Part 2: Explain the Sources of Your Income Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and (before deductions and Check all that apply. exclusions) exclusions) Wages, $\overline{\mathbf{A}}$ Wages, \$10925.00 From January 1 of current year until commissions, commissions, the date you filed for bankruptcy: bonuses, tips bonuses, tips Operating a Operating a business business Wages, Wages, \$35406.00 For last calendar year: commissions, commissions, (January 1 to December 31, 2017 bonuses, tips bonuses, tips YYYY Operating a Operating a business business Wages, Wages, \$31374.00 For the calendar year before that: commissions, commissions, (January 1 to December 31, 2016) bonuses, tips bonuses, tips YYYY Operating a Operating a business business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Sources of income Gross income from Gross income from Describe below. each source Describe below. each source (before deductions (before deductions and and exclusions) exclusions) From January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31, 2017 YYYY For the calendar year before that: (January 1 to December 31, 2016

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Crumb Debtor 1 Kearia Case number (if known) First Name Last Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Was this payment Dates of payment Total amount paid Amount you still owe for Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Number Street Credit card Loan repayment Citv Suppliers or State 7in Code vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Suppliers or Zip Code vendors

Other

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| sider's Name Number Street City State Zip Code Insider's Name Number Street City State Zip Code Lithin 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an sider? | 1 | Kearia | | D | | umb | Case number | (if known) |
|--|--------------------|--|---|---|--|---|---|---|
| Yes. List all payments to an insider. Dates of payment Dates of p | | First Name | | Middle Name | Las | st Name | | |
| Yes. List all payments to an insider. Dates of payment | nsid orp ger | ders include your porations of which nt, including one | relatives; ar you are ar for a busine | ny general partner n officer, director, ess you operate a | s; relatives of any person in control, | general partners; pa or owner of 20% o | rtnerships of which y r more of their voting | ou are a general partner; g securities; and any managing |
| Insider's Name Number Street City State Zip Code Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? noclude payments on debts guaranteed or cosigned by an insider. Dates of payment Total amount you still owe Reason for this payment Reason for this payment Reason for this payment Reason for this payment Amount you still owe Reason for this payment Include creditor's name | ✓ | No | | | | | | |
| Insider's Name Number Street City State Zip Code Insider's Name Number Street City State Zip Code Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. No Yes. List all payments that benefited an insider. Dates of payment Insider's Name Insider's Name Reason for this payment Include creditor's name | | Yes. List all pay | ments to a | n insider. | | | | |
| Number Street City State Zip Code Insider's Name Number Street City State Zip Code Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an nsider? nclude payments on debts guaranteed or cosigned by an insider. No Yes. List all payments that benefited an insider. Dates of payment Dates of payment Total amount you still owe Reason for this payment Include creditor's name | | | | | | | | Reason for this payment |
| City State Zip Code Insider's Name Number Street | | Insider's Name | | | | | | |
| Insider's Name Number Street | | Number Street | | | | | | |
| Number Street City State Zip Code Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an nsider? nclude payments on debts guaranteed or cosigned by an insider. ✓ No Yes. List all payments that benefited an insider. Dates of payment paid Total amount you still owe Insider's Name Insider's Name | | City | State | Zip Code | | | | |
| City State Zip Code Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. ✓ No Yes. List all payments that benefited an insider. Dates of payment Include creditor's name | | Insider's Name | | | | | | |
| Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. No Yes. List all payments that benefited an insider. Dates of payment Dates of payment Total amount you still owe Include creditor's name | | Number Street | | | | | | |
| Yes. List all payments that benefited an insider. Dates of payment Total amount still owe Insider's Name Total amount still owe Include creditor's name | | City | State | Zip Code | | | | |
| Insider's Name | Inclu | ide payments on No | _ | _ | sider. Dates of | | | |
| | | | | | | | | Include creditor's name |
| Number Street | | Insider's Name | | | | | | |
| | | Number Street | | | | | | |
| City State Zip Code | _ | City | State | Zip Code | | | | |
| Insider's Name | | Insider's Name | | | | | | |
| Number Street | | Number Street | | | | | | |
| City State Zip Code | | City | State | Zin Code | | | | |

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Crumb Debtor 1 Kearia Case number (if known) First Name Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. Nature of the case Status of the case Court or agency Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Case title Pending Court Name On appeal Case number NumberStreet Concluded Citv State Zip Code Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Describe the property Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied. Describe the property Date Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied.

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| Debt | or 1 | Kearia First Name | D Middle Name | Crumb Last Name | Case number (if known) | | |
|------|----------|---|-------------------------|-----------------------------|---------------------------------|--------------------------------|--------------------|
| 11. | | thin 90 days before you filed counts or refuse to make a No | | | ank or financial institution, s | set off any amou | nts from your |
| | | Yes. Fill in the details. | | | | | |
| | | | | Describe the action the | creditor took | Date action was taken | Amount |
| | | Creditor's Name | | | | | |
| | | Number Street | | | | | |
| | | | | Last 4 digits of account n | umber: XXXX- | | |
| | | City State | Zip Code | | | | |
| 12. | | hin 1 year before you filed foointed receiver, a custodia | | y of your property in the p | oossession of an assignee fo | r the benefit of c | reditors, a court- |
| | ✓ | No | | | | | |
| | Ш | Yes | | | | | |
| Part | 5: | List Certain Gifts and C | ontributions | | | | |
| 13. | | 9 NI. | d for bankruptcy, did y | ou give any gifts with a to | tal value of more than \$600 | per person? | |
| | | No Yes. Fill in the details for e | each gift. | | | | |
| | | Gifts with a total value of per person | more than \$600 | Describe the gifts | | Dates you gave the gifts | Value |
| | | | | | | | |
| | | Person to Whom You Gave | the Gift | | | | |
| | | Number Street | | | | | |
| | | City State | Zip Code | | | | |
| | | Person's relationship to you | | | | | |
| | | Person to Whom You Gave | the Gift | | | | |
| | | Number Street | | | | | |
| | | City State | Zip Code | | | | |
| | | Person's relationship to you | | | | | |

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| | Kearia | | Crumb | Case number (if kno и | (N) | |
|----------|---|--|--|---------------------------|-----------------------------------|---------------------------|
| | First Name | Middle Name | Last Name | _ ` | · | |
| | | | | | | |
| Wi | thin 2 years before you f | iled for bankruptcy, did | d you give any gifts or contributio | ns with a total value o | of more than \$600 | to any charity? |
| ~ | No | | | | | |
| Ě | 』 】 Yes Fill in the details fo | or each gift or contribut | tion | | | |
| | • | _ | | | | |
| | Gifts or contributions | | Describe what you contribu | ted | Date you | Value |
| | that total more than \$ | 600 | | | contributed | |
| | | | | | | - |
| | Charity's Name | | _ | | | |
| | | | _ | | | |
| | | | | | | |
| | Number Street | | _ | | | |
| | | | _ | | | |
| | City State | e Zip Code | | | | |
| | l | | | | | |
| t 6: | List Certain Losses | | | | | |
| ✓ | No Yes. Fill in the details. | | | | | |
| | Describe the property how the loss occurred | | Describe any insurance cov Include the amount that insur pending insurance claims on I A/B: Property. | ance has paid. List | Date of your loss | Value of property lost |
| | | | 7VB. Property. | | | |
| | | | | | | |
| t 7: | List Certain Paymen | to or Transfera | | | | |
| ab | out seeking bankruptcy | or preparing a bankrup | you or anyone else acting on you otcy petition? or credit counseling agencies for ser | | | anyone you consult |
| ab | out seeking bankruptcy dude any attorneys, bankru No | or preparing a bankrup | otcy petition? | | | anyone you consult |
| ab | out seeking bankruptcy lude any attorneys, bankru | or preparing a bankrup | otcy petition? | vices required in your ba | Date payment or transfer | Amount of payment |
| ab | out seeking bankruptcy lude any attorneys, bankru No Yes. Fill in the details. | or preparing a bankrup | or credit counseling agencies for ser Description and value of any transferred | vices required in your ba | Date payment or transfer was made | Amount of payment |
| ab | out seeking bankruptcy lude any attorneys, bankru No Yes. Fill in the details. Semrad Law Firm | or preparing a bankrup | or credit counseling agencies for ser Description and value of any | vices required in your ba | Date payment or transfer | Amount of |
| ab | out seeking bankruptcy lude any attorneys, bankru No Yes. Fill in the details. | or preparing a bankrup | or credit counseling agencies for ser Description and value of any transferred | vices required in your ba | Date payment or transfer was made | Amount of payment |
| ab | out seeking bankruptcy clude any attorneys, bankru No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid | or preparing a bankrup | or credit counseling agencies for ser Description and value of any transferred | vices required in your ba | Date payment or transfer was made | Amount of payment |
| ab | but seeking bankruptcy clude any attorneys, bankru No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street | or preparing a bankrup | or credit counseling agencies for ser Description and value of any transferred | vices required in your ba | Date payment or transfer was made | Amount of payment |
| ab | Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor | or preparing a bankrup uptcy petition preparers, o | or credit counseling agencies for ser Description and value of any transferred | vices required in your ba | Date payment or transfer was made | Amount of payment |
| ab | Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illing | or preparing a bankrup uptcy petition preparers, or prepar | or credit counseling agencies for ser Description and value of any transferred | vices required in your ba | Date payment or transfer was made | Amount of payment |
| ab | Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor | or preparing a bankrup uptcy petition preparers, or prepar | or credit counseling agencies for ser Description and value of any transferred | vices required in your ba | Date payment or transfer was made | Amount of payment |
| ab | Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illing City State | or preparing a bankrup uptcy petition preparers, of prepar | or credit counseling agencies for ser Description and value of any transferred | vices required in your ba | Date payment or transfer was made | Amount of payment |
| ab | Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illing | or preparing a bankrup uptcy petition preparers, of prepar | or credit counseling agencies for ser Description and value of any transferred | vices required in your ba | Date payment or transfer was made | Amount of payment |
| ab | Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illing City State | or preparing a bankrup uptcy petition preparers, or pois 60603 e Zip Code | or credit counseling agencies for ser Description and value of any transferred | vices required in your ba | Date payment or transfer was made | Amount of payment |
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| Jebto | or 1 Kearia D | Crumb | Case number (if known) | |
|-------|--|--|--|------------------------------|
| | First Name Middle Na | me Last Name | | |
| | Within 1 year before you filed for bankrupt help you deal with your creditors or to ma Do not include any payment or transfer that you | ke payments to your creditors? | our behalf pay or transfer any property to anyo | one who promised to |
| | No Voc Fill in the details | | | |
| | Yes. Fill in the details. | | | |
| | | Description and value of a transferred | any property Date A payment or transfer was made | mount of payment |
| | Person Who Was Paid | | | |
| | Number Street | | | |
| | City State Zip Co | ode . | | |
| | City State Zip Co | ode | | |
| | and transfers that you have already listed on the No Yes. Fill in the details. | nis statement. | | |
| | | Description and value of paramsferred | Describe any property or payments received or debts paid in exchange | Date transfer was made |
| | Person Who Received Transfer | | | |
| | Number Street | | | |
| | City State Zip Co Person's relationship to you | ode | | |
| | Person Who Received Transfer | | | |
| | Number Street | | | |
| | City State Zip Co Person's relationship to you | ode | | |
| | Within 10 years before you filed for bankrubeneficiary? (These are often called asset-protection device | | a self-settled trust or similar device of which y | you are a |
| | No | | | |
| | Yes. Fill in the details. | Description and value of | the property transferred | Date transfer was |
| | | | | made |
| | Name of trust | | | |

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Crumb Debtor 1 Kearia Case number (if known) First Name List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance number instrument account was before closed, sold, closing or moved, or transfer transferred XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City Zip Code State XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other Zip Code 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Yes Number Street Number Street City State Zip Code State Zip Code 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? No Name of Storage Facility Name Yes Number Street Number Street Citv State 7in Code

City

State

Zip Code

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| | Kearia D | | | | se number <i>(if known)</i> | |
|--------|---|---|---|---------------------|---|----------------|
| | First Name Middle Name | | Last Name | | | |
| t 9: | Identify Property You Hold or Contr | rol for Someo | ne Else | | | |
| Do | you hold or control any property that son | maana alaa awa | o2 Include on | v proporty vou b | arround from are storing for ar hold in | truct for |
| | you note or control any property that son neone. | neone eise own | sr include any | y property you b | orrowed from, are storing for, or note in | trust for |
| | | | | | | |
| ✓ | No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | | Where is | the property? | | Describe the contents | Value |
| | | <u> </u> | | | | |
| | Owner's Name | NumberSt | reet | | | |
| | Number Street | | | | | |
| | Named Street | | | | | |
| | | City | State | Zip Code | | |
| | | <u> </u> | | | | |
| | City State Zip Code | | | | | |
| 10: | Give Details About Environmental | Information | | | | |
| | | | | | | |
| the p | ourpose of Part 10, the following definitions a | apply: | | | | |
| ■ E | Environmental law means any federal, state, o | or local statute or | regulation con- | cerning pollution, | contamination, releases of | |
| | azardous or toxic substances, wastes, or ma | | | | | |
| ır | ncluding statutes or regulations controlling th | ne cleanup of thes | se substances, | wastes, or mater | 181. | |
| | Site means any location, facility, or property as | | ny environmer | ntal law, whether y | you now own, operate, or utilize it | |
| 0 | r used to own, operate, or utilize it, including | g disposal sites. | | | | |
| | dazardous material means anything an enviro | | | dous waste, hazar | rdous substance, | |
| to | oxic substance, hazardous material, pollutant | t, contaminant, o | r similar term. | | | |
| oort a | Il notices, releases, and proceedings that you | u know about, reg | gardless of who | en they occurred. | | |
| | | | | | | |
| Has | s any governmental unit notified you that | you may be liab | ole or potentia | ally liable under | or in violation of an environmental law | ? |
| | No | | | | | |
| ¥ | Yes. Fill in the details. | | | | | |
| Ш | res. Fili III trie details. | _ | | | | |
| | | Governme | antal unit | | | |
| | | | illai uiiit | | Environmental law, if you know it | Date of |
| | | | entai unit | | Environmental law, if you know it | Date of notice |
| | Name of site | Governme | | | Environmental law, if you know it | |
| | | | ntal unit | | Environmental law, if you know it | |
| | Name of site Number Street | Governme | ntal unit | | Environmental law, if you know it | |
| | | NumberSt | ntal unit reet | 7in Codo | Environmental law, if you know it | |
| | | | ntal unit | Zip Code | Environmental law, if you know it | |
| | | NumberSt | ntal unit reet | Zip Code | Environmental law, if you know it | |
| | Number Street City State Zip Code | NumberSti City | ntal unit reet State | · | Environmental law, if you know it | |
| Hav | Number Street | NumberSti City | ntal unit reet State | · | Environmental law, if you know it | |
| | Number Street City State Zip Code | NumberSti City | ntal unit reet State | · | Environmental law, if you know it | |
| Hav | Number Street City State Zip Code ve you notified any governmental unit of a | NumberSti City | ntal unit reet State | · | Environmental law, if you know it | |
| | Number Street City State Zip Code ve you notified any governmental unit of a | City — any release of harmonic | reet State azardous mat | · | | notice |
| | Number Street City State Zip Code ve you notified any governmental unit of a | NumberSti City | reet State azardous mat | · | Environmental law, if you know it | |
| | Number Street City State Zip Code ve you notified any governmental unit of a | City — any release of harmonic | reet State azardous mat | · | | notice |
| | Number Street City State Zip Code ve you notified any governmental unit of a | City — any release of harmonic | reet State azardous mat | · | | notice |
| | Number Street City State Zip Code ve you notified any governmental unit of a No Yes. Fill in the details. | City any release of harmonic Governments | ntal unit reet State azardous mat ental unit | · | | notice |
| | Number Street City State Zip Code ve you notified any governmental unit of a No Yes. Fill in the details. | City any release of harmonic Governments | ntal unit reet State azardous mat ental unit | · | | notice |
| | Number Street City State Zip Code ve you notified any governmental unit of a No Yes. Fill in the details. | City Governme Governme NumberSti | reet State State azardous mat ental unit ental unit | erial? | | notice |
| | Number Street City State Zip Code ve you notified any governmental unit of a No Yes. Fill in the details. | City any release of harmonic Governments | ntal unit reet State azardous mat ental unit | · | | notice |

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| Debto | | | | D | | Crumb | Case | e number <i>(ii</i> | fknown) | | | |
|--------|------|----------------------|-----------------|------------------|--------------|------------------|-----------------------|---------------------|--------------|----------------|-----------------------------|-----------|
| | | First Name | | Middle Name | L | ast Name | | | | | | |
| | | e you been a part | y in any judic | ial or administ | rative proc | eeding under | any environmen | tal law? In | clude settle | ments and | orders. | |
| | 넴 | Yes. Fill in the det | taile | | | | | | | | | |
| | Ш | 163. 1 | iaiis. | | Court or a | aonov | | Noture | of the case | | Stat | us of the |
| | | | | | Court or a | gency | | Nature | of the case | | case | |
| | | Case title | | | | | | | | | | |
| | | | | | Court Nam | <u> </u> | | | | | Ц | Pending |
| | | | | | · | | | | | | | On appeal |
| | | Case number | | _ | NumberStr | eet | | | | | | Concluded |
| | | | | | City | State | Zip Code | | | | — Н | Concluded |
| | | • | | | • | | • | | | | | |
| Part 1 | 11: | Give Details Al | bout Your B | usiness or C | onnection | s to Any Bu | siness | | | | | |
| 27. | Witl | nin 4 years before | you filed for | bankruptcy, di | d you own a | a business or | have any of the | following c | onnections | to any busii | ness? | |
| | | □ A solo propri | iotor or colf-o | mplayed in a tr | rada profos | ecion or otho | r activity, either fu | ıll_timo or r | art-timo | | | |
| | | | | | | | | urie or p | Jar t-time | | | |
| | | _ | | | LLC) or IIMI | tea liability pa | artnership (LLP) | | | | | |
| | | | a partnership | | | | | | | | | |
| | | | | naging executi | - | | | | | | | |
| | | An owner of | at least 5% o | f the voting or | equity secu | rities of a cor | poration | | | | | |
| 1 | V | No. None of the a | above applies | s. Go to Part 12 | 2. | | | | | | | |
| | Ħ | Yes. Check all that | | | | ow for each I | ousiness. | | | | | |
| | _ | | 11, | | | | ure of the busine | SS | Employer | Identification | on number l | Do not |
| | | | | | 200. | | | | | | ity number o | |
| | | | | | | | | | EIN: | | | |
| | | Business Name | | | | | | | | | | |
| | | Number Street | | | | | | | Dates bus | iness existe | ed | |
| | | | | | Nam | e of account | ant or bookkeep | er | | | | |
| | | City | State | Zip Code | _ | | | | From | To | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | Dani | | ure of the busine | | Employer | ldantifiaati | | Do not |
| | | | | | Desc | Tibe the nati | ure or the busine | 55 | | | on number l ity number d | |
| | | | | | | | | | EIN: | | | |
| | | Business Name | | <u> </u> | _ | | | | | | | |
| | | Number Street | | | _ | | | | Dates hus | iness existe | ed. | |
| | | Mannoer Street | | | Nam | e of account | ant or bookkeep | er | Dates bus | mess exist | Ju | |
| | | City | State | Zip Code | _ | | | | From | То | | |
| | | - , | | , | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | Desc | ribe the nat | ure of the busine | ss | | | on number | |
| | | | | | | | | | include So | ocial Securi | ity number o | or ITIN. |
| | | Business Name | | | _ | | | | EIN: | | | |
| | | _223000 1401110 | | | | | | | | | | |
| | | Number Street | | | _ | | | | Dates bus | iness existe | ed | |
| | | | | | Nam | e of account | ant or bookkeep | er | | | | |
| | | City | State | Zip Code | | | | | From | To _ | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

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| Debto | or 1 Kearia | | D | Crumb | Case number (if known) |
|--------|---------------|------------------------|-----------------------|--------------------------------|--|
| | First Name | | Middle Name | Last Name | |
| | creditors, or | other parties. | r bankruptcy, did you | ı give a financial statement t | o anyone about your business? Include all financial institutions, |
| | Yes. Fill | n the details below. | | | |
| | | | | Date issued | |
| | | | | MM/DD/YYYY | |
| | Name | | | IVIIVI/DD/ 1111 | |
| | Number | Street | | | |
| | | | | | |
| | City | State | Zip Code | | |
| Part ' | 12: Sign B | olow | | | |
| | | case can result in fin | es up to \$250,000, o | | or obtaining money or property by fraud in connection with years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
| | | Signature of Debto | | | Signature of Debtor 2 |
| | | Date 5/4/2018 | | | Date |
| Di | id you attach | additional pages to | Your Statement of F | inancial Affairs for Individua | s Filing for Bankruptcy (Official Form 107)? |
| V | No | | | | |
| Ē | Yes | | | | |
| Di | id you pay or | agree to pay someo | ne who is not an atto | orney to help you fill out ban | cruptcy forms? |
| V | No | | | | |
| Ē | Yes. Name | of person | | | Attach the Bankruptcy Petition Preparer's Notice, |

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B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT

| | Northern Distri | ict of Illinois | |
|--|--|--|--|
| Kearia D Crumb | | Case No. | |
| Debtor | | | (If known) |
| | | Chapter | Chapter 13 |
| DISCLOSURE OF | COMPENSATIO | N OF ATTORNEY F | OR DEBTOR |
| compensation paid to me within or | ne year before the filing of the | petition in bankruptcy, or agreed to | be paid to me, for services |
| For legal services, I have agreed to | accept | | \$4,000.00 |
| Prior to the filing of this statement | I have received | | \$350.00 |
| Balance Due | | | \$3,650.00 |
| . The source of the compensation pa | aid to me was: | | |
| Debtor | Other (specify) |) | |
| . The source of the compensation pa | aid to me is: | | |
| ✓ Debtor | Other (specify) |) | |
| . I have not agreed to share the members and associates of my | above-disclosed compensatio | on with any other person unless the | ey are |
| members or associates of my I | aw firm. A copy of the agreem | | |
| . In return for the above-disclosed fe | ee, I have agreed to render lega | al service for all aspects of the bank | ruptcy case, including: |
| a. Analysis of the debtor's fine bankruptcy; | ancial situation, and rendering | g advice to the debtor in determining | g whether to file a petition in |
| b. Preparation and filing of an | y petition, schedules, stateme | ents of affairs and plan which may b | pe required; |
| c. Representation of the debte | or at the meeting of creditors a | and confirmation hearing, and any a | adjourned hearings thereof; |
| d. Representation of the debte | or in adversary proceedings ar | nd other contested bankruptcy matt | ters; |
| . By agreement with the debtor(s), th | ne above-disclosed fee does no | ot include the following services: | |
| | | | |
| | CERTIFIC | CATION | |
| | | ent or arrangement for payment to n | ne for representation of the |
| 5/4/2018 | | /s/ Chris Pryor | |
| Date | | Signature of Attorney | |
| | | | |
| | | Semrad Law Firm | |
| | Disclosure of Pursuant to 11 U.S.C. § 329(a) and compensation paid to me within or rendered or to be rendered on behat for legal services, I have agreed to Prior to the filing of this statement Balance Due The source of the compensation probable of the compensation of the above of the compensation of the compensation of the debtor of the | Disclosure of Compensation Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I cert compensation paid to me within one year before the filling of the rendered or to be rendered on behalf of the debtor(s) in contemp For legal services, I have agreed to accept Prior to the filling of this statement I have received Balance Due The source of the compensation paid to me was: Debtor Other (specify) The source of the compensation paid to me is: Debtor Other (specify) I have not agreed to share the above-disclosed compensation members and associates of my law firm. I have agreed to share the above-disclosed compensation we members or associates of my law firm. A copy of the agreem the people sharing in the compensation, is attached. In return for the above-disclosed fee, I have agreed to render legals. Analysis of the debtor's financial situation, and rendering bankruptcy; b. Preparation and filling of any petition, schedules, statemed. Representation of the debtor at the meeting of creditors of the debtor at the meeting of creditors of the debtor in adversary proceedings and the debtor in adversary proceedings and the debtor in this bankruptcy proceedings. CERTIFICAL CE | Disclosure of compensation paid to me with the filing of the compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the For legal services, I have agreed to accept Prior to the filing of this statement I have received Balance Due The source of the compensation paid to me was: Debtor Other (specify) The source of the compensation paid to me is: Debtor Other (specify) Thave not agreed to share the above-disclosed compensation with any other person unless the members and associates of my law firm. I have agreed to share the above-disclosed compensation with a other person or persons who members or associates of my law firm. A copy of the agreement, together with a list of the name the people sharing in the compensation, is attached. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bank a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determinin bankruptcy; b. Preparation and filing of any petition, schedules, statements of affairs and plan which may to the Representation of the debtor at the meeting of creditors and confirmation hearing, and any of the debtor in adversary proceedings and other contested bankruptcy mather than the debtor of the |

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UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

A. BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

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6. Advise the debtor of the need to maintain appropriate insurance.

B. AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

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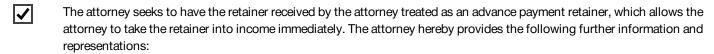
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to \S 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.



- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

 Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services.

 However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney.* If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. *Discharge of the attorney*. The debtor may discharge the attorney at any time.

F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$378.23
- 3. Before signing this agreement, the attorney has received, \$350.00 toward the flat fee, leaving a balance due of \$3,650.00; and \$68.23 for expenses, leaving a balance due of \$4,028.23
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: | 5/4/2018 | |
|-----------|----------|------------------------|
| Signed: | | |
| /s/ Keari | a Crumb | |
| | | /s/ Chris Pryor |
| Debtor(s |) | Attorney for Debtor(s) |

Do not sign if the fee amounts at top of this page are blank.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

| | \$245 | filing fee |
|---|-------|--------------------|
| | \$75 | administrative fee |
| + | \$15 | trustee surcharge |
| | \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

| | \$1,167 | filing fee |
|---|---------|--------------------|
| + | \$550 | administrative fee |
| | \$1,717 | total fee |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$275 | total fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$200 | filing fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans.
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.justice.gov/ust/eo/hapcpa/ccde/cc approved.html

In Alabama and North Carolina, go to:
http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit
20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| In re: | Crumb, Kearia D | Case No | |
|-----------------|-----------------|---|------------------------------------|
| | Debtor(s) | 0000 110. | |
| | | Chapter. | Chapter13 |
| | VERIF | CONTRACTOR OF CREDITOR MATE | RIX |
| Th knowledge | | rify that the attached list of creditors is tru | e and correct to the best of their |
| Date: | 5/4/2018 | /s/ Crumb, Kearia | D |
| | | Crumb, Kearia D Signature of Debt | tor |

U S DEPT OF ED/GSL/ATL PO BOX 2287 ATLANTA, GA, 30301

AMER FST FIN 3515 N. Ridge Rd, Suite 200 Wichita, KS, 67205

AD ASTRA RECOVERY SERV 7330 W 33RD ST N STE 118 WICHITA, KS, 67205

COMENITYBANK/VICTORIA 220 W SCHROCK RD WESTERVILLE, OH, 43081

NORDSTM/TD PO Box 6565 Englewood, CO, 80155

DEPTEDNELNET PO Box 740283 Atlanta, GA, 30374

INDIANA STATE UNIVERSI PARSONS HALL RM 106 CONT TERRE HAUTE, IN, 47809

FED LOAN SERV P.O. Box 60610 Cornwall, PA, 17016

Santander Consumer USA ATT POC: Janiscia Jackson PO Box 961245 Fort Worth, TX, 76161

Santander Consumer USA, Inc. c/o SCOTT POWELL 1601 ELM STREET STE 800 Dallas, TX, 75201

City of Chicago - Dept. of Finance 333 S State Street, Suite 330 Chicago, IL, 60604

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Arnold Scott Harris PC 111 W Jackson # 600 Chicago, IL, 60604

NORDSTROM FSB PO BOX 6555 ENGLEWOOD, CO, 80155

American Family Insurance 6802 W 111th St Worth, IL, 60482

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| Debtor 1 Kearia First Name | D Middle Name | Crumb Cast | se number (if known) | _ |
|---|---|--|--|------------|
| E moral states and any action | estions for Reporting Purpose | | | |
| 16. What kind of debts do you have? | 16a. Are your debts primarily "incurred by an individual No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily | y consumer debts? Consulated primarily for a personal, far a personal primarily business debts? Business investment or through the contract of | amer debts are defined in 11 U.S.C. § 101(8) as amily, or household purpose." as debts are debts that you incurred to obtain operation of the business or investment. mer debts or business debts. | |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | expenses are paid that No. | er 7. Do you estimate that after | r any exempt property is excluded and administrative ribute to unsecured creditors? | |
| 18. How many creditors do you estimate that you owe? | ☑ 1-49 ☐ 56'-99 ☐ 100-199 ☐ 200-999 | 1,000-5,000 5,001-10,000 10,001-25,000 | 25,001-50,000 50,001-100,000 More than 100,000 | |
| 19. How much do you estimate your assets to be worth? | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | \$1,000,001-\$10 \$10,000,001-\$5 \$50,000,001-\$1 \$100,000,001-\$ | 50 million | |
| 20. How much do you estimate your liabilities to be? | \$0-\$50,000 \$50,001-\$100,090 \$100,001-\$500,000 \$500,001-\$1 million | \$1,000,001-\$10 \$10,000,001-\$5 \$50,000,001-\$1 \$100,000,001-\$ | 50 million | |
| | I have examined this petition. | and I declare under penalty | of perjury that the information provided is true and | |
| For you | correct. If I have chosen to file under C of title 11, United States Code under Chapter 7. If no attorney represents me a | Chapter 7, I am aware that I r e. I understand the relief ava nd I did not pay or agree to | may proceed, if eligible, under Chapter 7, 11,12, or 1 ailable under each chapter, and I choose to proceed pay someone who is not an attorney to help me fill | 13 |
| | out this document, I have obtained in accordance with the second of the | | United By 11 U.S.C. § 342(b). United States Code, specified in this petition. | |
| | I understand making a false st | atement, concealing proper case can result in fines up t , 1519, and 3571. | rty, or obtaining money or property by fraud in to \$250,000, or imprisonment for up to 20 years, or | · · |
| | Executed on5/4/2018 | DD / YYYY | Executed on | 0.00000000 |

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| Fill in this information to identify your case: | | | | | | |
|---|------------|-------------|----------------------|---|--|--|
| Debtor 1 | Kearia | D | Crumb | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | |
| United States Bankruptcy Court for the: | | Northern | District of Illinois | | | |
| Case number (If known) | | | (State) | _ | | |

Official Form 106Dec

Check if this is an amended filing

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Par | 1: Sign Below | | |
|-----|--|---|--|
| | Did you pay or agree to pay someone who is NOT an attorney to h | nelp you fill out bankruptcy forms? | |
| | √ No | | |
| | Yes. Name of person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). | |
| | | | |
| | | | |
| | Under penalty of perjury, I declare that I have read the summary | and schedules filed with this declaration and | |
| | that they are true and correct. | | |
| × | /s/ Kearia Crumb \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | Signature of Debter 2 | |
| | | Signature of Debtor 2 | |
| | Date 5/4/2018 MM/DD/YYYY | Date MM/DD/YYYY | |

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| Debtor | | D | Crumb | Case number (ifknown) | | | | |
|---------|--|--|-----------------------------|--|--|--|--|--|
| | First Name | Middle Name | Last Name | | | | | |
| | ithin 2 years before you filed reditors, or other parties. No Yes. Fill in the details belov | | you give a financial state | ment to anyone about your business? Include all financial institutions, | | | | |
| <u></u> | 1 res. Till ill the details belov | ٧. | B | | | | | |
| | | | Date issued | | | | | |
| | Name | | MM/DD/YYYY | _ | | | | |
| | Number Street | | | | | | | |
| | City State | Zip Code | | | | | | |
| | — Oity State | Zip Code | | | | | | |
| Part 12 | Sign Below | | | | | | | |
| true | and correct. I understand th | nat making a false st fines up to \$250,000 | tatement, concealing pro | nments, and I declare under penalty of perjury that the answers are perty, or obtaining money or property by fraud in connection with to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Signature of Debtor 2 | | | | |
| | Date 5/4/2018 | C. | | Date | | | | |
| Did | id you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? | | | | | | | |
| ✓ | No Yes | | | | | | | |
| Did | you pay or agree to pay some | eone who is not an a | attorney to help you fill o | ut bankruptcy forms? | | | | |
| V | No | | | | | | | |
| Ī | Yes. Name of person | | | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). | | | | |

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UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| In re: | Crumb, Kearia D Debtor(s) | - , | Case No | | |
|-----------------|--|-------------|--------------|---------------------------|----------------------------------|
| | | | Chapter | | Chapter13 |
| | VERIFICATION | N OF C | REDITO | R MATRI | X |
| Th knowledge | he above named Debtors hereby verify that the. | ne attached | list of cred | itors is true a | and correct to the best of their |
| Date: | 5/4/2018 | | Crum | umb, Kearia D b, Kearia D | Koulul |

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| Debto | | Kearia | D | Crumb | Case number (if known) | | | | |
|-------|---|--|--|---|--|-------------|--|--|--|
| | | First Name | Middle Name | Last Name | | | | | |
| 16. | Cal | culate the median family i | ncome that applies to yo | ou. Follow-these step | os: | | | | |
| | 16a | a. Fill in the state in which yo | u live. | Minois | _ | | | | |
| | 16b | o. Fill in the number of people | e in your household. | | - | <u> </u> | | | |
| | 160 | c. Fill in the median family inc | come for your state and siz | Part 1 (1) (1) | | \$52,410.00 | | | |
| | | household using the link specified in t | he separate instructions fo | | nd a list of applicable median income amounts, go online may also be available at the bankruptcy clerk's office. | | | | |
| 17. | Hov | w do the lines compare? | no coparato mondonono re | , and remm time nec | | | | | |
| | 17a | | | | is form, check box 1, <i>Disposable income is not determined ation of Disposable Income</i> (Official Form 122C-2). | | | | |
| | 17t | U.S.C. § 1325(b)(3). | | Calculation of Dispo | neck box 2, <i>Disposable income is determined under 11</i> osable Income (Official Form 122C-2). On line 39 of that | | | | |
| Part | 3: | Calculate Your Commi | tment Period Under 1 | 11 U.S.C. §1325(| b)(4) | | | | |
| 18. | Co | py your total average mont | hly income from line 11. | pone are att one and are are are are are | | \$2,577.54 | | | |
| 19. | De con | duct the marital adjustment mmitment period under 11 U | nt if it applies. If you are r .S.C. § 1325(b)(4) allows y | married, your spouse ou to deduct part o | e is not filing with you, and you contend that calculating the f your spouse's income, copy the amount from line 13. | | | | |
| | 19a | a. If the marital adjustment de | oes not apply, fill in 0 on lin | ne 19a. | | -\$0.00 | | | |
| | 19b | o. Subtract line 19a from li | ne 18. | | | \$2,577.54 | | | |
| 20. | Cal | culate your current month | ly income for the year. F | ollow these steps: | | | | | |
| | 208 | a. Copy line 19b. | | | | \$2,577.54 | | | |
| | | Multiply by 12 (the number | er of months in a year). | | | x12 | | | |
| | 20k | o. The result is your current n | nonthly income for the yea | r for this part of the | form. | \$30,930.48 | | | |
| | 200 | c. Copy the median family in | come for your state and siz | e of household from | n line 16c. | \$52,410.00 | | | |
| 21. | Ho | w do the lines compare? | | | | | | | |
| | ✓ | Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4. | | | | | | | |
| | | Line 20b is more than or ed 4, <i>The commitment period</i> | | erwise ordered by th | ne court, on the top of page 1 of this form, check box | | | | |
| Part | 4: | Sign Below | | | | | | | |
| | 0.00 | By signing here I dealers u | nder penalty of periun, that | the information on | this statement and in any attachments is true and correct. | | | | |
| | | by signing here, i declare d | nder penalty of perjury that | the momation on | this statement and in any attachments is tide and conect. | | | | |
| | | ✗ /s/ Kearia Crumb | Moral | W. | × | | | | |
| | | Signature of Debtor 1 | The contract of the contract o | | Signature of Debtor 2 | | | | |
| | | Date 5/4/2018 | t | | Date | | | | |
| | | MM/DD/YYYY | | | MM/DD/YYYY | | | | |
| | If you checked 17a, do NOT fill out or file Form 122C-2. If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 | | | | | e 14 | | | |
| | | above. | | | | | | | |

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

A. BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

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6. Advise the debtor of the need to maintain appropriate insurance.

B. AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

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- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

 Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services.

 However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$378.23
- 3. Before signing this agreement, the attorney has received, \$350.00 toward the flat fee, leaving a balance due of \$3,650.00; and \$68.23 for expenses, leaving a balance due of \$4,028.23
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: 5/4/2018 | |
|------------------|------------------------|
| Signed: Karelon | |
| /s/ Kearia Crumb | |
| | /s/ Chris Pryor |
| Debtor(s) | Attorney for Debtor(s) |

Do not sign if the fee amounts at top of this page are blank.

Attorneys & Counselors at Law 20 S. Clark, 28th Floor Chicago, IL 60603 (312) 913-0625

Re: Agreement Regarding Priority Treatment of The Semrad Law Firm LLC's Fees and Expenses

Dear Kearia D. Crumb,

Thank you for choosing The Semrad Law Firm LLC (the Firm) to represent you in connection with your Chapter 13 bankruptcy case. In addition to the terms contained in the Court Approved Retention Agreement (CARA) it is our policy to confirm in writing how and when the Firm's fees and expenses will be paid. If there are any terms contained in this document that are in conflict with CARA, those terms are void.

Aside from any initial retainer that you pay the Firm, you will be required to pay the Firm's fees and expenses through the Chapter 13 plan after it is approved by the Bankruptcy Court. Each month, you will pay the Trustee the amount stated in your Chapter 13 plan. The Trustee will then disburse that money out according to the provisions of your plan to the Firm and other creditors.

The model Chapter 13 plan gives fourth priority to attorneys' fees, after the Trustee's fees, current mortgage payments, and payments to secured creditors listed in Section 3.1, 3.2, or 3.3 (for example, payments due to lenders on a loan to purchase a car, furniture, appliance or other item of personal property). The Firm intends to alter this priority scheme by modifying the model Chapter 13 plan to provide for payment of the Firm's attorney's fees and costs before any payments are made to your other creditors. That means that the money you send to the Trustee each month will first be paid to the Firm and not to pay the claims of your other creditors until the Firm's fees and expenses are paid in full. Such claims of other creditors include your car note, other financed personal property, parking tickets, taxes, and any claims of other creditors that may be included in your plan.

Aside from the Firm's commitment to perform any and all work reasonably necessary to represent you in this bankruptcy case without requiring you to pay a substantial amount of the fees and expenses up front, there is no benefit to you from this priority treatment of the Firm's fees and expenses. Furthermore, this arrangement presents certain risks. In the event that your case is dismissed before completion of the plan or if you decide to convert your case to a case under Chapter 7, it is likely that the Firm's attorneys' fees will have been paid while little of your other debts are paid.

In addition, there is the possibility that a creditor or the Trustee may object to the Firm being paid under this altered priority arrangement. In the event of such an objection, the Firm may

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In addition, there is the possibility that a creditor or the Trustee may object to the Firm being paid under this altered priority arrangement. In the event of such an objection, the Firm may lower that amount that the Firm will receive each month and increase the monthly payment to such creditor in order to resolve the objection. However, creditors may seek to recover

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additional attorneys' fees as a result of any such objection and you may be required to pay the creditors' additional attorneys' fees over time through the Chapter 13 Plan.

If you do not wish to pay the Firm's attorneys' fees and expenses ahead of your creditors as set forth above, you have the following options:

- a. You can elect to pay the Firm an upfront retainer of \$1,500 prior to filing your case and elect for the plan to pay your car note (and/or other claims secured by personal property) and mortgage arrears in equal set monthly payments along with the Firm's fees and expenses; or
- b. You can seek representation by another firm under a different payment arrangement.

Please carefully review this letter. If the terms are not consistent with your understanding of our engagement in any respect or if you have any questions concerning the same, please notify us promptly. You can also seek advice from other counsel regarding your rights under this arrangement. Firm policy and a prior court order require that we receive confirmation of your acceptance of these terms in the form of your signature at the bottom of this letter. Please return the signed copy to the Firm as soon as possible.

Very Truly Yours,

THE SEMRAD LAW FIRM LLC

One of its Attorney

Accepted:

Dated:

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lower that amount that the Firm will receive each month and increase the monthly payment to such creditor in order to resolve the objection. However, creditors may seek to recover additional attorneys' fees as a result of any such objection and you may be required to pay the creditors' additional attorneys' fees over time through the Chapter 13 Plan.

A Chapter 13 plan will be filed on your behalf to repay your creditors. The plan is subject to change based on creditor proof of claims and objections. Your Chapter 13 plan payment will be \$350.00 at the time of filing. This monthly Chapter 13 plan payment can be subject to change during your case. Included within this monthly plan payment is the Firm's compensation for representing you during the Chapter 13. You will be paying the Firm an attorney fee of \$4,000.00, with an initial down payment of \$350.00.

Within the Chapter 13 plan payment, you will be paying back your creditors and the Firm's attorney fees:

- 1. The trustee will be paid an estimated 7% of the plan payment.
- 2. The Firm's fees will be paid at approximately \$275/mo.
- 3. Santander Consumer USA will be paid 7,500.00 at 7% APR at a fixed monthly payment of \$50.00/mo until Firm's Fees are paid.
- 4. General Unsecured Creditors will be paid 10% pro-rata after all other creditors.
- 5. You will be paying Amer FST FIN directly outside of the plan for its lien on your Couch and Refrigerator.

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Please carefully review this letter. If the terms are not consistent with your understanding of our engagement in any respect or if you have any questions concerning the same, please notify us promptly. You can also seek advice from other counsel regarding your rights under this arrangement. Firm policy and a prior court order require that we receive confirmation of your acceptance of these terms in the form of your signature at the bottom of this letter. Please return the signed copy to the Firm as soon as possible.

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THE SEMRAD LAW FIRM

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One of its Attorneys

Accepted:

Date:

5/4/2018